E/2018/28
E/CN.7/2018/13

United Nations

# Commission on Narcotic Drugs

## Report on the sixty-first session (8 December 2017 and 12–16 March 2018)

**Economic and Social Council**
**Official Records, 2018**
**Supplement No. 8**

E/2018/28
E/CN.7/2018/13

**Economic and Social Council**
Official Records, 2018
Supplement No. 8

# Commission on Narcotic Drugs

**Report on the sixty-first session
(8 December 2017 and
12–16 March 2018)**

United Nations • New York, 2018

*Note*

Symbols of United Nations documents are composed of letters combined with figures. Mention of such a symbol indicates a reference to a United Nations document.

The report of the Commission on Narcotic Drugs on its reconvened sixty-first session, to be held on 6 and 7 December 2018, will be issued as *Official Records of the Economic and Social Council, 2018, Supplement No. 8A* (E/2018/28/Add.1).

ISSN 0251-9941

[20 April 2018]

# Contents


| Chapter | | | Page |
|---|---|---|---|
| | Executive summary | | vi |
| I. | Matters calling for action by the Economic and Social Council or brought to its attention | | 1 |
| | A. Draft decisions for adopted by the Economic and Social Council | | 1 |
| | I. Report of the Commission on Narcotic Drugs on its sixty-first session and provisional agenda for its sixty-second session | | 1 |
| | II. Report of the International Narcotics Control Board | | 2 |
| | B. Matters brought to the attention of the Economic and Social Council | | 3 |
| | Resolution 61/1 | Budget for the biennium 2018–2019 for the Fund of the United Nations International Drug Control Programme | 3 |
| | Resolution 61/2 | Strengthening efforts to prevent drug abuse in educational settings | 4 |
| | Resolution 61/3 | Laboratory support for the implementation of the scheduling decisions of the Commission on Narcotic Drugs | 7 |
| | Resolution 61/4 | Promoting measures for the prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis among women who use drugs | 8 |
| | Resolution 61/5 | Promoting the implementation of the electronic International Import and Export Authorization System for licit trade in narcotic drugs and psychotropic substances | 13 |
| | Resolution 61/6 | Promoting the implementation of the United Nations Guiding Principles on Alternative Development and related commitments on alternative development and regional, interregional and international cooperation on development-oriented, balanced drug control policy addressing socioeconomic issues | 15 |
| | Resolution 61/7 | Addressing the specific needs of vulnerable members of society in response to the world drug problem | 18 |
| | Resolution 61/8 | Enhancing and strengthening international and regional cooperation and domestic efforts to address the international threats posed by the non-medical use of synthetic opioids | 20 |
| | Resolution 61/9 | Protecting children from the illicit drug challenge | 23 |
| | Resolution 61/10 | Preparations for the ministerial segment to be held during the sixty-second session of the Commission on Narcotic Drugs, in 2019 | 26 |
| | Resolution 61/11 | Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users | 28 |
| | Decision 61/1 | Inclusion of carfentanil in Schedules I and IV of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol | 30 |
| | Decision 61/2 | Inclusion of ocfentanil in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol | 31 |

Decision 61/3 Inclusion of furanylfentanyl in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol 31

Decision 61/4 Inclusion of acryloylfentanyl (acrylfentanyl) in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol 31

Decision 61/5 Inclusion of 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF) in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol 31

Decision 61/6 Inclusion of tetrahydrofuranylfentanyl (THF-F) in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol 31

Decision 61/7 Inclusion of AB-CHMINACA in Schedule II of the Convention on Psychotropic Substances of 1971 32

Decision 61/8 Inclusion of 5F-MDMB-PINACA (5F-ADB) in Schedule II of the Convention on Psychotropic Substances of 1971 32

Decision 61/9 Inclusion of AB-PINACA in Schedule II of the Convention on Psychotropic Substances of 1971 32

Decision 61/10 Inclusion of UR-144 in Schedule II of the Convention on Psychotropic Substances of 1971 32

Decision 61/11 Inclusion of 5F-PB-22 in Schedule II of the Convention on Psychotropic Substances of 1971 32

Decision 61/12 Inclusion of 4-fluoroamphetamine (4-FA) in Schedule II of the Convention on Psychotropic Substances of 1971 32

II. General debate 33

III. Strategic management, budgetary and administrative questions 39

A. Deliberations 39

B. Action taken by the Commission 41

IV. Implementation of the international drug control treaties 43

A. Deliberations 44

B. Action taken by the Commission 51

V. Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem 53

A. Deliberations 54

B. Action taken by the Commission 57

VI. Follow-up to the special session of the General Assembly on the world drug problem held in 2016, including the seven thematic areas of the outcome document of the special session. 59

A. Deliberations 59

B. Action taken by the Commission 62

VII. Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem 65

Deliberations 65

VIII. Recommendations of the subsidiary bodies of the Commission 67

Deliberations 67

IX. Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution 68/1, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development 69

Deliberations 69

X. Preparations for the ministerial segment to be held during the sixty-second session of the Commission, in 2019 71

A. Deliberations 71

B. Action taken by the Commission 72

XI. Provisional agenda for the sixty-second session of the Commission 77

A. Deliberations 77

B. Action taken by the Commission 77

XII. Other business 79

XIII. Adoption of the report of the Commission on its sixty-first session 81

XIV. Organization of the session and administrative matters 83

A. Opening and duration of the session 83

B. Attendance 83

C. Election of officers 83

D. Adoption of the agenda and other organizational matters 84

E. Documentation 85

F. Closure of the session 85

## *Executive summary*

The present summary has been prepared pursuant to the annex to General Assembly resolution 68/1, entitled "Review of the implementation of General Assembly resolution 61/16 on the strengthening of the Economic and Social Council", in which it is stated that the subsidiary bodies of the Council should, inter alia, include in their reports an executive summary.

The regular part of the sixty-first session of the Commission on Narcotic Drugs was held from 12 to 16 March 2018. The present document contains the report on the sixty-first session. Chapter I contains the text of the resolutions and decisions adopted by the Commission or recommended by the Commission for adoption by the Economic and Social Council and/or the General Assembly.

During the regular part of its session, the Commission considered issues related to the implementation of the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, the follow-up to the special session of the General Assembly on the world drug problem held in 2016, preparations for the ministerial segment to be held during the sixty-second session of the Commission in 2019, the scheduling of substances in accordance with the international drug control conventions and other matters arising from those treaties, strategic management, budgetary and administrative matters, recommendations of the subsidiary bodies of the Commission, inter-agency cooperation and coordination efforts in addressing and countering the world drug problem, and matters relating to the Economic and Social Council.

The Commission decided to include carfentanil in Schedules I and IV of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, and to include ocfentanil, furanylfentanyl, acryloylfentanyl (acrylfentanyl), 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF) and tetrahydrofuranylfentanyl (THF-F) in Schedule I of the 1961 Convention as amended. The Commission also decided to include AB-CHMINACA, 5F-MDMB-PINACA (5F-ADB), AB-PINACA, UR-144, 5F-PB-22 and 4-fluoroamphetamine (4-FA) in Schedule II of the Convention on Psychotropic Substances of 1971.

The Commission recommended the following decisions for adoption by the Economic and Social Council: "Report of the Commission on Narcotic Drugs on its sixty-first session and provisional agenda for its sixty-second session"; and "Report of the International Narcotics Control Board".

The Commission adopted the following eleven resolutions, which cover a broad range of issues: "Budget for the biennium 2018–2019 for the Fund of the United Nations International Drug Control Programme", "Strengthening efforts to prevent drug abuse in educational settings", "Laboratory support for the implementation of the scheduling decisions of the Commission on Narcotic Drugs", "Promoting measures for the prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis among women who use drugs", "Promoting the implementation of the electronic International Import and Export Authorization System for licit trade in narcotic drugs and psychotropic substances", "Promoting the implementation of the United Nations Guiding Principles on Alternative Development and related commitments on alternative development and regional, interregional and international cooperation on development-oriented, balanced drug control policy addressing socioeconomic issues", "Addressing the specific needs of vulnerable members of society in response to the world drug problem", "Enhancing and strengthening international and regional cooperation and domestic efforts to address the international threats posed by the non-medical use of synthetic opioids", "Protecting children from the illicit drug challenge", "Preparations for the ministerial segment to be held during the sixty-second session of the Commission on Narcotic Drugs, in 2019" and "Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users".

Pursuant to General Assembly resolution 72/198, the present report includes information on progress made in the implementation of the recommendations set out in the outcome document of the thirtieth special session of the General Assembly on the world drug problem. The information in question can be found in chapter VI, entitled "Follow-up to the special session of the General Assembly on the world drug problem held in 2016, including the seven thematic areas of the outcome document of the special session".

# Chapter I

## Matters calling for action by the Economic and Social Council or brought to its attention

### A. Draft decisions for adoption by the Economic and Social Council

1. The Commission recommends to the Economic and Social Council the adoption of the following draft decisions:

### Draft decision I

### Report of the Commission on Narcotic Drugs on its sixty-first session and provisional agenda for its sixty-second session

The Economic and Social Council:

(a) Takes note of the report of the Commission on Narcotic Drugs on its sixty-first session;

(b) Also takes note of Commission decision 55/1;

(c) Approves the provisional agenda for the sixty-second session set out below.

**Provisional agenda for the sixty-second session of the Commission on Narcotic Drugs**

1. Election of officers.

2. Adoption of the agenda and other organizational matters.

*Ministerial segment*

3. Ministerial segment[1]

*Operational segment*

4. Strategic management, budgetary and administrative questions:

   (a) Work of the standing open-ended intergovernmental working group on improving the governance and financial situation of the United Nations Office on Drugs and Crime;

   (b) Directives on policy and budgetary issues for the drug programme of the United Nations Office on Drugs and Crime;

   (c) Working methods of the Commission;

   (d) Staff composition of the United Nations Office on Drugs and Crime and other related matters.

*Normative segment*

5. Implementation of the international drug control treaties:

   (a) Changes in the scope of control of substances;

[1] Subject to the outcome of negotiations on the organizational arrangements for the ministerial segment to be held during the sixty-second session of the Commission, to be held in 2019.

(b) Challenges and future work of the Commission on Narcotic Drugs and the World Health Organization in the review of substances for possible scheduling recommendations;

(c) International Narcotics Control Board;

(d) International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion;

(e) Other matters arising from the international drug control treaties.

6. Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem:

(a) Demand reduction and related measures;

(b) Supply reduction and related measures;

(c) Countering money-laundering and promoting judicial cooperation to enhance international cooperation.

7. Follow-up to the special session of the General Assembly on the world drug problem held in 2016, including the seven thematic areas of the outcome document of the special session.

8. Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem.

9. Recommendations of the subsidiary bodies of the Commission.

10. Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution 68/1, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development.

***

11. Provisional agenda for the sixty-third session of the Commission.

12. Other business.

13. Adoption of the report of the Commission on its sixty-second session.

## Draft decision II

## Report of the International Narcotics Control Board

The Economic and Social Council takes note of the report of the International Narcotics Control Board for 2017.[2]

[2] E/INCB/2017/1

## B. Matters brought to the attention of the Economic and Social Council

2. The following resolutions and decisions adopted by the Commission are brought to the attention of the Economic and Social Council:

### Resolution 61/1

### Budget for the biennium 2018–2019 for the Fund of the United Nations International Drug Control Programme

*The Commission on Narcotic Drugs*,

*Exercising* the administrative and financial functions entrusted to it by the General Assembly in its resolution 46/185 C, section XVI, paragraph 2, of 20 December 1991,

*Having considered* the report of the Executive Director of the United Nations Office on Drugs and Crime containing the proposed budget for the biennium 2018–2019 for the Fund of the United Nations International Drug Control Programme[3] and the related recommendations of the Advisory Committee on Administrative and Budgetary Questions,[4]

*Recalling* its resolution 60/10 of 8 December 2017,

*Having considered* the note by the Executive Director on the adjustments to the consolidated budget for the biennium 2018–2019 for the Office,[5]

1. *Notes* the adjustments proposed to the budget for the biennium 2018–2019 for the Fund of the United Nations International Drug Control Programme;

2. *Approves* the projected use of general-purpose funds in the biennium 2018–2019, and endorses the estimates for programme support cost funds and special-purpose funds, as indicated in the table below.

**Resource projections for the Fund of the United Nations International Drug Control Programme**

| | *Resources (thousands of United States dollars)* | | *Posts* | |
|---|---|---|---|---|
| *Category* | *Initial budget 2018–2019* | *Revised estimates 2018–2019* | *Approved budget 2018–2019* | *Revised estimates 2018–2019* |
| **General-purpose funds** | | | | |
| Post | 4 748.8 | 5 565.6 | 16 | 16 |
| Non-post | 1 385.6 | 885.6 | – | – |
| **Subtotal** | **6 134.4** | **6 451.2** | **16** | **16** |
| **Special-purpose funds** | **367 777.4** | **367 777.4** | **135** | **135** |
| **Subtotal** | **367 777.4** | **367 777.4** | **135** | **135** |
| **Programme support cost funds** | | | | |
| Post | 19 620.5 | 20 437.3 | 67 | 67 |
| Non-post | 5 221.8 | 4 470.0 | – | – |
| **Subtotal** | **24 842.3** | **24 907.3** | **67** | **67** |
| **Total** | **398 754.1** | **399 135.9** | **218** | **218** |

[3] E/CN.7/2017/12-E/CN.15/2017/14.
[4] E/CN.7/2017/13-E/CN.15/2017/15.
[5] E/CN.7/2018/12-E/CN.15/2018/14.

## Resolution 61/2

## Strengthening efforts to prevent drug abuse in educational settings[6]

*The Commission on Narcotic Drugs*,

*Fully aware* that the world drug problem constitutes a serious challenge to public health and the safety and well-being of humanity, including children and young people and their families and communities,

*Bearing in mind* that the world drug problem is a common and shared responsibility that should continue to be addressed in a multilateral setting through effective and increased international cooperation and that demands an integrated, multidisciplinary, mutually reinforcing, balanced, scientific evidence-based and comprehensive approach,

*Reaffirming* its unwavering commitment to ensuring that all aspects of demand reduction and related measures, supply reduction and related measures, and international cooperation are addressed in full conformity with the purposes and the principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights,[7] with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States, all human rights, fundamental freedoms, the inherent dignity of all individuals and the principles of equal rights and mutual respect among States,

*Reiterating* its commitment to promoting the health, welfare and well-being of all individuals, families, communities and society as a whole, and facilitating healthy lifestyles through effective, comprehensive, scientific evidence-based demand reduction initiatives at all levels, covering, in accordance with national legislation and the three international drug control conventions, prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse,

*Reaffirming* its determination to tackle the world drug problem and to actively promote a society free of drug abuse in order to help to ensure that all people can live in health, dignity and peace, with security and prosperity, and reaffirming its determination to address public health, safety and social problems resulting from drug abuse,

*Recalling* the 2030 Agenda for Sustainable Development,[8] in which Member States committed themselves to ensuring healthy lives and promoting well-being for all at all ages, strengthening the prevention of substance abuse, and protecting human rights,

*Recalling also* its resolutions in which it put emphasis on preventing drug abuse by children and youth, and reiterating that children and youth are our most precious asset,

*Recalling further* that in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem[9] and in the outcome document of the thirtieth special session of the General Assembly, entitled "Our joint commitment to effectively addressing and countering the world drug problem",[10] Member States recognized, inter alia, the need to work with children and youth in multiple settings, including educational and

[6] Such as schools, colleges and universities.

[7] General Assembly resolution 217 A (III).

[8] General Assembly resolution 70/1.

[9] See *Official Records of the Economic and Social Council, 2009, Supplement No. 8* (E/2009/28), chap. I, sect. C.

[10] General Assembly resolution S-30/1, annex.

non-educational settings, with a view to preventing drug abuse among children and youth,

*Recalling* that the *International Standards on Drug Use Prevention* acknowledge that school attendance and attachment to schools are important measures to prevent drug abuse among children,

*Recalling also* the need to take effective and practical primary prevention measures that protect people, in particular children and youth, from drug use initiation by providing them with accurate information about the risks of drug abuse, by promoting skills and opportunities to choose healthy lifestyles and develop supportive parenting and healthy social environments, and by ensuring equal access to education and vocational training,

*Noting with concern* the challenges posed by drug abuse and drug use disorders in educational settings, which can seriously undermine national efforts aimed at providing opportunities for the health and well-being of children and youth,

*Emphasizing* that educational settings have a significant role to play in promoting education on drug abuse prevention among children and youth, as well as healthy lifestyles, through curricular and extracurricular activities, including sports, as well as primary prevention and early intervention programmes, among others, in education systems, as appropriate,

*Noting* the publication entitled *School-based Education for Drug Abuse Prevention*,[11] as well as the *International Standards on Drug Use Prevention* and *Good Policy and Practice in Health Education: Education Sector Responses to the Use of Alcohol, Tobacco and Drugs*, published by the United Nations Educational, Scientific and Cultural Organization, the United Nations Office on Drugs and Crime and the World Health Organization,

*Noting with appreciation* the ongoing efforts by Member States to prevent drug use among children and youth in educational settings, including through effective, scientific evidence-based and context-sensitive awareness-raising and prevention programmes, and recognizing the need to intensify those efforts,

*Noting* the ongoing work and initiatives by the United Nations Office on Drugs and Crime, including capacity-building initiatives that seek to promote family, school and community-based prevention programmes such as the Families and Schools Together programme and the Youth Initiative,

*Noting also* the ongoing work and initiatives by Member States, other relevant international organizations and civil society organizations to assist in the development and implementation of scientific evidence-based prevention programming and policies, for example the Universal Prevention Curriculum,

1. *Urges* Member States, as appropriate and where consistent with relevant national law, as part of their comprehensive drug demand reduction measures at the national level, to strengthen efforts, as appropriate, to prevent drug abuse in educational settings, in both the public and private sectors, including by developing and implementing comprehensive, scientific evidence-based and tailor-made initiatives and programmes aimed at providing children and youth with information regarding drug abuse and its harmful effects and consequences, as well as drug use prevention, counselling and skills, resilience and opportunities to choose healthy lifestyles, and also urges Member States to promote safe and drug-free environments in educational settings;

2. *Encourages* Member States to enhance efforts to develop or update drug prevention curricula and to promote policies and tools that target relevant ages and risk factors in multiple settings, and to integrate them, as appropriate, into all levels of education with a view to advancing drug prevention in educational settings as part

[11] United Nations publication, Sales No. E.04.XI.21.

of a balanced national drug policy, as appropriate and in accordance with domestic law and priorities;

3. *Emphasizes* the significance of enhancing coordination and cooperation among all relevant stakeholders, in particular education, health and law enforcement authorities, as well as social and, as appropriate, religious authorities, to develop, implement and regularly monitor and assess the impact of comprehensive scientific evidence-based initiatives and programmes aimed at preventing drug abuse in educational settings;

4. *Invites* Member States to strengthen, as appropriate, interaction and partnerships with students, teachers, families and communities, including with a gender perspective, as well as the private sector and civil society, when designing and implementing comprehensive drug prevention initiatives and programmes tailored to educational settings;

5. *Encourages* Member States to promote the exchange of good practices and experiences in preventing drug use in educational settings, and calls upon the United Nations Office on Drugs and Crime to facilitate such exchanges;

6. *Calls upon* the United Nations Office on Drugs and Crime, as part of its efforts to promote follow-up to the prevention-related provisions of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem[9] and to the operational recommendations contained in the outcome document of the thirtieth special session of the General Assembly, entitled "Our joint commitment to effectively addressing and countering the world drug problem",[10] to assist Member States, upon request, in addressing the challenge of drug use in educational settings;

7. *Requests* the United Nations Office on Drugs and Crime to continue to provide, upon request, support to Member States relating to technical assistance and capacity-building programmes for the purpose of preventing drug use in educational settings, and also requests the Office to assist Member States in promoting research and data collection in this regard to better understand the challenge of drug use in educational settings and respond to it more effectively;

8. *Requests* the United Nations Office on Drugs and Crime to support Member States, upon request, in developing scientific evidence-based curricula aimed at training the relevant authorities on the latest techniques for the prevention of drug abuse in educational settings;

9. *Invites* Member States to increase, within their capacity, the availability, coverage and quality of gender-sensitive, scientific evidence-based prevention measures and tools in multiple settings reaching children and youth through drug abuse prevention programmes and public awareness-raising campaigns;

10. *Invites* relevant international organizations and civil society organizations, academia and the scientific community to assist Member States, upon request, in strengthening effective, scientific evidence-based drug prevention initiatives and programmes for educational settings;

11. *Decides* to continue discussions, during the sixty-second session of the Commission on Narcotic Drugs, on the topic of strengthening measures to prevent drug abuse in educational settings with a view to promoting the exchange of good practices on preventing drug use in educational settings;

12. *Invites* Member States and other donors to provide extrabudgetary resources for these purposes, in accordance with the rules and procedures of the United Nations;

13. *Requests* the Executive Director of the United Nations Office on Drugs and Crime, as part of existing reporting obligations, to report to the Commission, at its sixty-second session, on the implementation of the present resolution.

## Resolution 61/3

## Laboratory support for the implementation of the scheduling decisions of the Commission on Narcotic Drugs

*The Commission on Narcotic Drugs*,

*Reaffirming*, in accordance with its resolutions 50/4 of 16 March 2007 and 58/9 of 17 March 2015, the important role of drug analysis laboratories as part of national drug control systems and the value of laboratory results and data to criminal justice systems, law enforcement and health authorities, and policymakers,

*Reaffirming also*, in accordance with its resolutions 52/7 of 20 March 2009 and 54/3 of 25 March 2011, that the reliability of the results of drug analysis laboratories has significant implications for, inter alia, law enforcement, as well as for the international harmonization of data and worldwide exchange and coordination of drug information,

*Emphasizing* the importance of ensuring the quality and reliability of the results of drug analysis laboratories, and emphasizing in particular that the quality and reliability of those results are a matter of safeguarding human rights and fundamental freedoms and ensuring public safety and effective law enforcement,

*Emphasizing* that, to support countries in the implementation of the scheduling decisions of the Commission on Narcotic Drugs, it is essential to maintain and enhance the effectiveness and capacity of drug analysis laboratories and to ensure the continuity of their work,

*Noting* the ongoing efforts by the scientific and forensic work programme to enhance national and regional forensic capacity and facilitate the exchange of analytical laboratory data, including through the training courses held recently at the laboratory of the United Nations Office on Drugs and Crime in Vienna,

*Acknowledging* the continuing need to maintain and enhance support for laboratories in their analytical work, for information-sharing and for other services, as well as for the training of experts,

*Recalling* the Convention on Psychotropic Substances of 1971[12] and Commission on Narcotic Drugs resolutions 53/4 of 12 March 2010 and 54/3 of 25 March 2011, in which it is recognized that the use of internationally controlled substances for scientific purposes is indispensable and that their availability for such purposes should not be unduly restricted, while their diversion and abuse should be prevented,

*Recalling also* the Single Convention on Narcotic Drugs of 1961,[13] in which it is recognized that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes,

*Stressing* that access to reference materials on controlled substances for routine analytical laboratory work is an essential quality-assurance requirement for achieving reliable laboratory results and that such access should not be hampered by costs and unnecessarily complex administrative procedures for obtaining import and export authorizations,

1. *Calls upon* Member States to strengthen national drug analysis laboratories and to make efforts towards the effective exchange of forensic laboratory information on scheduled substances, including research and trend analysis, where possible:

[12] United Nations, *Treaty Series*, vol. 1019, No. 14956.
[13] Ibid., vol. 520, No. 7515.

2. *Requests* Member States, in accordance with its resolution 54/3, to further review and enhance national procedures, as appropriate and in accordance with the provisions of the international drug control conventions, to enable expedited access to and the exchange of reference materials and test samples of internationally controlled substances for scientific purposes;

3. *Invites* the United Nations Office on Drugs and Crime to continue its efforts to maintain a central source of reference standards for narcotic drugs, psychotropic substances and their chemical precursors under international control and to make available to Member States chemical information and data on such substances upon request;

4. *Also invites* the United Nations Office on Drugs and Crime, in the light of new analytical technologies and emerging challenges, to continue to support the analytical work of laboratories and ensure high quality standards by providing reference materials, identifying best practices, developing and updating relevant guidelines and research, and facilitating the exchange of laboratory information and data so that Member States can ensure their preparedness for the implementation of scheduling decisions;

5. *Calls upon* the United Nations Office on Drugs and Crime, in accordance with its resolution 52/7, to continue to evaluate, upon request, the performance of laboratories through its quality assurance programme for drug analysis laboratories and through the international collaborative exercises programme, and to provide laboratories with assistance to develop and enhance their services;

6. *Calls upon* Member States and relevant international and regional organizations to continue to cooperate on a bilateral and multilateral basis, inter alia, by signing inter-agency memorandums of understanding, sharing data, including chemical, analytical and toxicological data, on recently scheduled substances;

7. *Requests* the United Nations Office on Drugs and Crime to continue to provide technical assistance to Member States, upon request, to ensure the implementation of the present resolution;

8. *Invites* Member States and other donors to provide extrabudgetary resources for these purposes, in accordance with the rules and procedures of the United Nations.

## Resolution 61/4

## Promoting measures for the prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis among women who use drugs

*The Commission on Narcotic Drugs,*

*Reaffirming* the commitments contained in the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,[14] the Convention on Psychotropic Substances of 1971[15] and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,[16] in which States parties expressed concern for the health and welfare of humankind,

*Reiterating* its commitment to the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,[17] in which Member States noted with great concern the

[14] United Nations, *Treaty Series*, vol. 976, No. 14152.
[15] Ibid., vol. 1019, No. 14956.
[16] Ibid., vol. 1582, No. 27627.
[17] See *Official Records of the Economic and Social Council, 2009, Supplement No. 8* (E/2009/28), chap. I, sect. C.

adverse consequences of drug abuse for individuals and society as a whole, reaffirmed their commitment to tackling those problems in the context of comprehensive, complementary and multisectoral drug demand reduction strategies, in particular such strategies targeting youth, also noted with great concern the alarming rise in the incidence of HIV/AIDS and other blood-borne diseases among injecting drug users and reaffirmed their commitment to working towards the goal of universal access to comprehensive prevention programmes and treatment, care and related support services, in full compliance with the international drug control conventions and in accordance with national legislation, taking into account all relevant General Assembly resolutions,

*Recalling* the outcome document of the special session of the General Assembly on the world drug problem held in 2016,[18] in which Member States recommended inviting relevant national authorities to consider, in accordance with their national legislation and the three international drug control conventions, effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including medication-assisted therapy programmes, injecting equipment programmes as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne infections associated with drug use, as well as considering ensuring access to such interventions, including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use of the *WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*, published by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS,

*Recalling also* the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030,[19] and resolving to provide effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, in accordance with national legislation and the three international drug control conventions,

*Recalling further* its resolutions 60/8 of 17 March 2017 concerning prevention of HIV and other blood-borne diseases related to drug use and financing such efforts, 56/6 of 15 March 2013 concerning intensifying the efforts related to reducing HIV transmission among people who use drugs, 54/13 of 25 March 2011 on achieving zero new infections of HIV among injecting and other drug users, and 53/9 of 12 March 2010 on achieving universal access to prevention, treatment, care and support for drug users and people living with or affected by HIV,

*Recalling* its resolution 59/5 of 22 March 2016 on mainstreaming a gender perspective into drug-related policies and programmes, and underlining the importance of taking into account, consistent with national legislation, the challenges and needs faced by women and girls who abuse drugs or who are affected by the drug use of other people, and of mainstreaming a gender perspective into national drug policies,

*Taking note* of Commission on Crime Prevention and Criminal Justice resolution 26/2 of 26 May 2017, entitled "Ensuring access to measures for the prevention of mother-to-child transmission of HIV in prisons",

*Reaffirming* that the United Nations Office on Drugs and Crime is the leading entity in the United Nations system for addressing and countering the world drug problem and is the convening agency for addressing HIV and drug use and HIV in prison settings, within the Joint United Nations Programme on HIV/AIDS division of labour, in close partnership with the World Health Organization and the secretariat of

[18] General Assembly resolution S-30/1, annex.
[19] General Assembly resolution 70/266, annex.

the Joint United Nations Programme on HIV/AIDS and in collaboration with other co-sponsors of the Programme,

*Reaffirming also* its commitment to promoting the health, welfare and well-being of all individuals, families, communities and society as a whole, and facilitating healthy lifestyles, through effective scientific evidence-based demand reduction initiatives at all levels, covering, in accordance with national legislation and the three international drug control conventions, prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse,

*Gravely concerned* about the social barriers, including poverty, that continue to hinder the access of women to treatment and, in some cases, a lack of sufficient resources allocated for removing those barriers, and fully aware that women are disproportionately affected by particular consequences of drug abuse, such as sexually transmitted diseases, violence and drug-facilitated crime,

*Noting* that many national HIV prevention, testing and treatment programmes provide insufficient access to services for women, adolescent girls and groups that epidemiological evidence shows are globally at higher risk of HIV, noting also that, according to the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, people who inject drugs are 24 times more likely to acquire HIV than adults in the general population, and noting further that, according to the report of the Executive Director of the United Nations Office on Drugs and Crime on responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users,[20] among people who inject drugs and are also living with HIV, 82.4 per cent are co-infected with hepatitis C and hepatitis C is becoming a major cause of morbidity and mortality,

*Acknowledging* the importance of providing women with drug use disorders, including those who are incarcerated, with access to comprehensive health services aimed at treating drug use disorders, preventing and treating HIV infection, including preventing mother-to-child transmission of HIV and eliminating mother-to-child transmission of hepatitis B and C and syphilis, and making available sexual and reproductive health services and, for those living with HIV, free and continued antiretroviral therapy, given that such therapy is the most effective method of preventing mother-to-child transmission of HIV and that securing the health of women improves the chances of babies being born free of HIV,

*Acknowledging also* the progress made since the launch of the *Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive: 2011–2015*, including the fact that an estimated 85 countries are within reach of elimination of mother-to-child transmission,[21] while noting that continued efforts are greatly needed,

*Noting with appreciation* that the number of new HIV infections among children globally declined by nearly 50 per cent between 2010 and 2015, owing to the effective roll-out of interventions to prevent the vertical transmission of HIV,[22]

*Noting* that, as stated in the World Health Organization *Guidance on Global Scale-up of the Prevention of Mother-to-Child Transmission of HIV*,[23] in order to minimize the transmission of HIV from mother to child, additional efforts are needed within and outside the public health sector to provide relevant services, including for

[20] E/CN.7/2018/8.

[21] Joint United Nations Programme on HIV/AIDS, *2015 Progress Report on the Global Plan Towards the Elimination of New HIV Infections Among Children and Keeping Their Mothers Alive* (Geneva, 2015), p. 11.

[22] Ibid., p. 8.

[23] Geneva, 2007.

injecting drug users, and to provide referrals to treatment and recovery programmes, in accordance with national and domestic legislation,

*Noting with concern* that, outside sub-Saharan Africa, 20 per cent of all new HIV infections occur among people who use drugs, almost 12 million people worldwide inject drugs, of whom one in eight, or 1.6 million people, are living with HIV and more than half, or 6.1 million people, are living with hepatitis C,[24] and that the risk of transmitting viral hepatitis C from mother to baby is approximately 5 per cent, with higher rates in women who are co-infected with HIV,[25, 26]

1. *Urges* Member States, in line with the 2030 Agenda for Sustainable Development,[27] to strengthen their efforts and take measures aimed at promoting peaceful and inclusive societies, ensure healthy lives and promote well-being for all, achieve gender equality, contribute to the elimination of the transmission of HIV, hepatitis B and C and syphilis from mother to child, including among women who use drugs, and, to this end, strive to achieve Sustainable Development Goals 3, 5 and 16;

2. *Encourages* Member States to ensure that all children are provided access to health-care services, in order to secure the highest attainable standard of health, and to develop preventive health care, guidance for parents, family planning education and services, and prenatal and postnatal health care for women who abuse drugs;

3. *Urges* Member States to strengthen their efforts to ensure continued political commitment to combating HIV among people who use drugs, in particular people who inject drugs, and to strive to achieve Sustainable Development Goal targets 3.3, to end the epidemics of AIDS and other communicable diseases by 2030, and 3.5, to strengthen the prevention and treatment of substance abuse, including narcotic drug abuse;

4. *Encourages* Member States, as appropriate, to provide information, education, counselling and health-care services, including antiretroviral therapy and treatment for substance use disorders, in order to help women who use drugs make informed choices aimed at the prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis;

5. *Urges* Member States, in accordance with national legislation, when initiating or providing medication-assisted treatment for drug-dependent women, to also offer and encourage the voluntary and informed use of contraceptives, including long-acting contraceptives, to avoid unplanned pregnancies;

6. *Requests* Member States to ensure that confidentiality and informed consent are respected with respect to HIV-related treatment of persons, in particular for women who use drugs and women in prisons, including when providing necessary sexual and reproductive health-care services relevant to HIV and when treating other blood-borne diseases, including hepatitis B and C and syphilis;

7. *Encourages* Member States to provide services for women who abuse drugs in line with the United Nations Office on Drugs and Crime publication entitled *Addressing the Specific Needs of Women who Inject Drugs: Practical Guide for Service Providers on Gender-responsive HIV Services*, the World Health Organization *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations* and other relevant World Health Organization guidelines regarding

---

[24] *World Drug Report 2017: Executive Summary — Conclusions and Policy Implications* (United Nations publication, Sales No. E.17.XI.7).

[25] Joint United Nations Programme on HIV/AIDS, *Right to Health* (Geneva, 2017).

[26] World Health Organization, *Global Health Sector Strategy on Viral Hepatitis 2016–2021* (Geneva, 2016).

[27] General Assembly resolution 70/1.

testing and treatment of hepatitis B and C infection and management of drug dependence, as appropriate; [28]

8. *Urges* Member States, as appropriate, to support training of relevant staff within the social and health-care sectors, as well as law enforcement and justice systems, regarding the prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis among women who use drugs;

9. *Encourages* Member States to follow the *Guidelines for the Identification and Management of Substance Use and Substance Use Disorders in Pregnancy*, produced by the World Health Organization and the United Nations Office on Drugs and Crime,[29] and, when sentencing or deciding on pretrial measures for a pregnant woman or a woman who is a child's sole or primary caretaker, to consider the use of non-custodial measures, where appropriate and in conformity with national legislation;

10. *Urges* Member States, when taking steps to eliminate mother-to-child transmission of HIV, pursuant to the commitments contained in the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030,[19] to ensure that such steps are also taken for women who use drugs, in order to qualify for World Health Organization certification of elimination of mother-to-child HIV transmission, and invites the World Health Organization to include measures for preventing mother-to-child transmission of HIV, hepatitis B, hepatitis C and syphilis in prisons and among women who use drugs when assessing whether a country can be certified as having eliminated such transmission;

11. *Requests* the United Nations Office on Drugs and Crime, as the convening agency of the Joint United Nations Programme on HIV/AIDS for matters relating to HIV and AIDS and drug use and to HIV and AIDS in prisons, and the World Health Organization, as the convening agency for preventing babies from becoming infected with HIV and for HIV testing and treatment, in collaboration with other relevant co-sponsors and the secretariat of the Joint Programme, to support Member States in implementing relevant measures to prevent mother-to-child transmission of HIV for women who use drugs, based on international guidelines, in particular World Health Organization guidelines relevant to the prevention of such transmission;

12. *Also requests* the United Nations Office on Drugs and Crime, as the convening agency of the Joint United Nations Programme on HIV/AIDS for matters relating to HIV/AIDS and drug use and to HIV/AIDS in prisons, to continue to provide its leadership and guidance on those matters, in partnership with relevant United Nations entities and government partners and other relevant stakeholders, such as civil society, affected populations and the scientific community, as appropriate, and to continue to support Member States, upon request, in their efforts to increase their capacity and mobilize resources, including national investment, for the provision of comprehensive HIV prevention and treatment programmes;

13. *Invites* interested donors to provide technical assistance through the United Nations Office on Drugs and Crime to all Member States, in an inclusive manner, upon request, in implementing the present resolution;

---

[28] World Health Organization, *Guidelines for the Prevention, Care and Treatment of Persons with Chronic Hepatitis B Infection* (Geneva, 2015), World Health Organization, *Guidelines for the Screening, Care and Treatment of Persons with Chronic Hepatitis C Infection* (Geneva, 2016), World Health Organization, "Global guidance on criteria and processes for validation elimination of mother-to-child transmission of HIV and Syphilis", 2nd ed. (Geneva, 2017), and World Health Organization, *Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection: Recommendations for a Public Health Approach*, 2nd ed. (Geneva, 2016).

[29] World Health Organization (Geneva, 2014).

14. *Invites* Member States and other donors to provide extrabudgetary resources for the purposes described above, in accordance with the rules and procedures of the United Nations.

## Resolution 61/5

## Promoting the implementation of the electronic International Import and Export Authorization System for licit trade in narcotic drugs and psychotropic substances

*The Commission on Narcotic Drugs*,

*Recalling* article 31 of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol[30] and article 12 of the Convention on Psychotropic Substances of 1971,[31] which require the issuance of import and export authorizations for narcotic drugs and psychotropic substances,

*Recalling also* the outcome document of the special session of the General Assembly on the world drug problem held in 2016,[32] in which Member States recommended expediting, in accordance with national legislation, the process of issuing import and export authorizations for narcotic drugs and psychotropic substances for medical and scientific purposes by using the electronic International Import and Export Authorization System,

*Recalling further* the publication entitled *Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*,[33] a supplement to the *Report of the International Narcotics Control Board for 2015*,[34] in which it was recommended that countries should establish proper and feasible monitoring mechanisms at the national level and make use of improved technical systems such as the electronic International Import and Export Authorization System,

*Noting* that there has been an increased volume of licit international trade in narcotic drugs and psychotropic substances, which is expected to continue to grow as those substances become increasingly available for medical and scientific purposes in more countries,

*Recalling* its resolutions 55/6 of 16 March 2012, 56/7 of 15 March 2013 and 58/10 of 17 March 2015, in which it urged Member States to promote and facilitate the use of the electronic International Import and Export Authorization System for the exchange of import and export authorizations and requested the International Narcotics Control Board and the United Nations Office on Drugs and Crime to provide training to competent national authorities on the use of the System,

*Recalling also* the *Report of the International Narcotics Control Board for 2017*,[35] in which the Board encouraged all competent national authorities to register with and start using the electronic International Import and Export Authorization System as soon as possible, so as to modernize it and to improve the efficiency and workflow of competent national authorities,

*Noting* that the electronic International Import and Export Authorization System will facilitate the real-time exchange of import and export authorizations between importing and exporting countries in a safe and secure environment and assist competent national authorities in managing the increasing workload of processing import and export authorizations,

[30] United Nations, *Treaty Series*, vol. 976, No. 14152.
[31] Ibid., vol. 1019, No. 14956.
[32] General Assembly resolution S-30/1, annex.
[33] E/INCB/2015/1/Supp.1.
[34] E/INCB/2015/1.
[35] E/INCB/2017/1.

*Recognizing* that some Governments have followed the recommendations contained in the above-mentioned publications to handle the continued increase in international trade in those substances and consequently the workload of competent national authorities,

*Aware* that the continuing administration and further development of the electronic International Import and Export Authorization System would rely on voluntary contributions from Member States,

1. *Welcomes* the political and technical support provided by all Member States during electronic International Import and Export Authorization System user-group meetings to further improve the implementation of the System;

2. *Encourages* Member States to facilitate the use of the electronic International Import and Export Authorization System to ensure the maximum possible efficiency in the issuance of import and export authorizations, including through the automated, real-time exchange of data and information between competent national authorities, and the necessary level of security in the international licit trade in narcotic drugs and psychotropic substances for medical and scientific purposes;

3. *Invites* Member States to share their experiences using the electronic International Import and Export Authorization System with countries that are their trading partners, so as to increase its impact and effectiveness and realize its full potential;

4. *Also invites* Member States to consider what further measures should be adopted to expedite the issuing of import and export authorizations and to reduce the workload associated with processing those authorizations, thereby increasing the efficiency of the competent national authorities and contributing to the continuing administration and further development of the electronic International Import and Export Authorization System;

5. *Urges* the secretariat of the International Narcotics Control Board to promote the utilization of the electronic International Import and Export Authorization System and the realization of its full potential, including by facilitating the sharing of experiences and best practices among Member States;

6. *Invites* the secretariat of the International Narcotics Control Board to identify the obstacles that have so far prevented wider participation in the electronic International Import and Export Authorization System, to make concrete proposals to increase the number of participating Member States and to report the results to the Commission on Narcotic Drugs at its next session;

7. *Also invites* the secretariat of the International Narcotics Control Board, in full and close cooperation with the United Nations Office on Drugs and Crime, to provide relevant training and technical support to competent national authorities on the implementation of the electronic International Import and Export Authorization System, including on interfacing the System with the electronic systems of competent national authorities;

8. *Invites* Member States and other donors to consider providing extrabudgetary resources to the United Nations Office on Drugs and Crime for the maintenance of the electronic International Import and Export Authorization System and to the International Narcotics Control Board for promoting its utilization, in accordance with the rules and procedures of the United Nations.

## Resolution 61/6

## Promoting the implementation of the United Nations Guiding Principles on Alternative Development and related commitments on alternative development and regional, interregional and international cooperation on development-oriented, balanced drug control policy addressing socioeconomic issues

*The Commission on Narcotic Drugs*,

*Reaffirming* that drug policies and programmes, including in the field of development, should be undertaken in accordance with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights[36] and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States, all human rights, fundamental freedoms, the inherent dignity of all individuals and the principles of equal rights and mutual respect among States, as well as the principle of common and shared responsibility and the Sustainable Development Goals[37] and taking into account the specific situations of countries and regions,

*Reaffirming also* that the world drug problem must be addressed in accordance with the provisions of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,[38] the Convention on Psychotropic Substances of 1971[39] and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,[40] which, together with other relevant international instruments, constitute the cornerstone of the international drug control system,

*Reaffirming further* the Political Declaration adopted by the General Assembly at its twentieth special session[41] and the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development,[42]

*Reaffirming* the commitments contained in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,[43] adopted at the high-level segment of the fifty-second session of the Commission on Narcotic Drugs and by the General Assembly in its resolution 64/182 of 18 December 2009, and the Joint Ministerial Statement of the 2014 high-level review by the Commission of the implementation by Member States of the Political Declaration and Plan of Action, adopted at the high-level segment of the fifty-seventh session of the Commission,[44]

*Recalling* General Assembly resolution 68/196 of 18 December 2013, in which the Assembly adopted the United Nations Guiding Principles on Alternative Development and encouraged Member States, international organizations, international financial institutions, entities and other relevant stakeholders to take them into account when designing and implementing alternative development programmes, including, as appropriate, preventive alternative development programmes,

*Reaffirming* the outcome document of the thirtieth special session of the General Assembly, entitled "Our joint commitment to effectively addressing and countering the world drug problem",[45] in its entirety, and reiterating that the operational

[36] General Assembly resolution 217 A (III).
[37] See General Assembly resolution 70/1.
[38] United Nations, *Treaty Series*, vol. 976, No. 14152.
[39] Ibid., vol. 1019, No. 14956.
[40] Ibid., vol. 1582, No. 27627.
[41] General Assembly resolution S-20/2, annex.
[42] General Assembly resolution S-20/4 E.
[43] See *Official Records of the Economic and Social Council, 2009, Supplement No. 8* (E/2009/28), chap. I, sect. C.
[44] Ibid., *2014, Supplement No. 8* (E/2014/28), chap. I, sect. C.
[45] General Assembly resolution S-30/1, annex.

recommendations contained therein are integrated, indivisible, multidisciplinary and mutually reinforcing and are aimed at a comprehensive, integrated and balanced approach to addressing and countering the world drug problem,

*Emphasizing* that alternative development should also be considered for implementation in the context of a sustainable crop control strategy, which may, inter alia, include eradication and law enforcement, according to the national context, in the light of the 2009 Political Declaration and Plan of Action and the outcome document of the thirtieth special session of the General Assembly, and taking into consideration the United Nations Guiding Principles on Alternative Development,

*Reaffirming* its commitment to addressing drug-related socioeconomic issues related to the illicit cultivation of narcotic plants and the illicit manufacture and production of and trafficking in drugs through the implementation of long-term, comprehensive and sustainable development-oriented and balanced drug control policies and programmes, including alternative development and, as appropriate, preventive alternative development programmes, which are part of sustainable crop control strategies,

*Recalling* its resolutions 52/6 of 20 March 2009, 53/6 of 12 March 2010, 54/4 of 25 March 2011, 55/4 of 16 March 2012, 57/1 of 21 March 2014 and 58/4 of 17 March 2015, and General Assembly resolutions 71/210 of 19 December 2016 and 72/197 of 19 December 2017,

*Recalling also* the commitment to implement the 2030 Agenda for Sustainable Development,[46] and stressing that the implementation of the United Nations Guiding Principles on Alternative Development should be aligned with the efforts to achieve those objectives within the Sustainable Development Goals that are related to the work of the Commission on Narcotic Drugs, and that the efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing,

*Expressing its concern* at the global increase in the illicit cultivation of narcotic plants,

*Recognizing* the efforts of Member States to promote the implementation of the United Nations Guiding Principles on Alternative Development, including through international seminars and workshops, such as the international conferences on alternative development,

*Reaffirming* that alternative development is an important, lawful, viable and sustainable alternative to the illicit cultivation of drug crops and an effective measure to counter the world drug problem and other drug-related crime challenges, as well as a choice in favour of societies free of drug abuse, that it is one of the key components of policies and programmes for reducing illicit drug production and that it is an integral part of efforts made by Governments to achieve sustainable development within their societies,

1. *Calls upon* Member States to apply the United Nations Guiding Principles on Alternative Development[47] and to take into due consideration the section entitled "Operational recommendations on alternative development; regional, interregional and international cooperation on development-oriented balanced drug policy; addressing socioeconomic issues" of the outcome document of the thirtieth special session of the General Assembly, entitled "Our joint commitment to effectively addressing and countering the world drug problem",[45] when designing, implementing and evaluating alternative development programmes and projects, including, as appropriate, preventive alternative development programmes and projects;

2. *Encourages* Member States to continue sharing lessons learned, best practices and expertise, and enhancing dialogues on development-oriented drug

[46] General Assembly resolution 70/1.
[47] General Assembly resolution 68/196, annex.

control policies and programmes and on the implementation of the United Nations Guiding Principles on Alternative Development;

3. *Urges* relevant international financial institutions, United Nations entities, non-governmental organizations and the private sector, as appropriate, to consider increasing their support, including through long-term and flexible funding, for the implementation of comprehensive and balanced development-oriented drug control programmes and viable economic alternatives, in particular alternative development, including, as appropriate, preventive alternative development programmes, based on identified needs and national priorities, for areas and populations affected by or vulnerable to the illicit cultivation of drug crops, with a view to its prevention, reduction and elimination, and encourages States, to the extent possible, to stay strongly committed to financing such programmes;

4. *Encourages* the development of viable economic alternatives, particularly for communities affected by or at risk of illicit cultivation of drug crops and other illicit drug-related activities in urban and rural areas, including through comprehensive alternative development programmes, and to this end encourages the consideration of development-oriented interventions, while ensuring that both men and women benefit equally from them, including through job opportunities, improved infrastructure and basic public services and, as appropriate, access and legal titles to land for farmers and local communities, which will also contribute to preventing, reducing or eliminating illicit cultivation and other drug-related activities;

5. *Also encourages* Member States to intensify efforts in the context of long-term and sustainable development programmes to address the most pressing drug-related socioeconomic issues, including unemployment and social marginalization, conducive to subsequent exploitation by criminal organizations involved in drug-related crime;

6. *Requests*, to that end, that the United Nations Office on Drugs and Crime convene an expert group meeting, to be held in Vienna in 2018, to further the dialogue on alternative development, including preventive alternative development, as appropriate, and the implementation of the United Nations Guiding Principles on Alternative Development and related commitments on alternative development and regional, interregional and international cooperation on development-oriented, balanced drug control policy addressing socioeconomic issues, as stipulated in the outcome document of the thirtieth special session of the General Assembly, with the aim of contributing to the high-level ministerial segment of the sixty-second session of the Commission on Narcotic Drugs, to be held in 2019;

7. *Encourages* Member States, the United Nations Office on Drugs and Crime, international financial institutions, donors, regional and international organizations, civil society and other relevant stakeholders involved in alternative development to actively participate in and share input at the meeting, at the expert level;

8. *Invites* Member States and other donors to provide extrabudgetary resources for the purposes described above, in accordance with the rules and procedures of the United Nations;

9. *Requests* the Executive Director of the United Nations Office on Drugs and Crime to report to the Commission at its sixty-second session on the implementation of the present resolution.

## Resolution 61/7

## Addressing the specific needs of vulnerable members of society in response to the world drug problem

*The Commission on Narcotic Drugs*,

*Recognizing* that the world drug problem continues to constitute a serious threat to public health and safety and the well-being of humanity, in particular children and young people and their families and communities,

*Recalling* the outcome document of the thirtieth special session of the General Assembly on the world drug problem, entitled "Our joint commitment to effectively addressing and countering the world drug problem",[48] in which Member States reaffirmed their determination to tackle the world drug problem and to actively promote a society free of drug abuse in order to help to ensure that all people can live in health, dignity, and peace, with security and prosperity, and reaffirmed their determination to address public health, safety and social problems resulting from drug abuse,

*Recognizing* that, as part of a comprehensive integrated and balanced approach to addressing and countering the world drug problem, appropriate emphasis should be placed on individuals, families and communities, with a view to promoting and protecting the health, safety and well-being of all humanity,

*Recalling* General Assembly resolution 72/139 of 12 December 2017, in which the Assembly urged Member States to respect, protect and promote the right to the enjoyment of the highest attainable standard of physical and mental health, with particular attention given to the health needs of the most vulnerable,

*Recalling also* Commission on Narcotic Drugs resolution 59/5 of 22 March 2016, in which it called upon Member States to develop, as needed, and implement national drug policies and programmes that take into account the specific needs of women and girls,

*Noting* that the *Report of the International Narcotics Control Board for 2017*[49] highlights, inter alia, that a significant proportion of people affected by drug use disorders do not access treatment,

*Gravely concerned* about the social and economic barriers, in particular poverty, that continue to hinder the access of women to treatment for drug use and, in some cases, a lack of sufficient resources allocated for removing those barriers, and fully aware that women are acutely affected by particular consequences of drug abuse, such as sexually transmitted diseases, and by the consequences of domestic violence and drug-facilitated crime,

*Recalling* its resolution 60/7 of 17 March 2017, in which it called upon Member States, in accordance with national and domestic legislation, to develop, implement, monitor and evaluate scientific evidence-based community, family and school age- and gender-sensitive drug prevention programmes and strategies addressing the needs of children and adolescents,

*Recalling also* its decision, in its resolution 60/1 of 17 March 2017, to continue to facilitate, in an inclusive manner, the active participation of civil society, including the scientific community and academia, in the work of the Commission, in accordance with the rules of procedure of the functional commissions of the Economic and Social Council and with the established practice of the Commission,

[48] General Assembly resolution S-30/1, annex.
[49] United Nations publication, Sales No. E.18.XI.1.

*Noting* that the *International Standards for the Treatment of Drug Use Disorders* include the principle of responding to the specific needs of vulnerable members of society, as appropriate,

1. *Calls upon* Member States to take additional steps to enhance their understanding of the specific needs of vulnerable members of society in response to the world drug problem;

2. *Also calls upon* Member States to take additional steps to enhance their understanding of the specific challenges to public health and well-being, and risk factors that make some members of society particularly vulnerable to drug use;

3. *Further calls upon* Member States to strengthen efforts to ensure non-discriminatory access to health care and social services for vulnerable members of society in the framework of comprehensive demand reduction strategies;

4. *Encourages* Member States, as appropriate and in line with national legislative and administrative systems, to promote a participatory role for all relevant members of society, in particular those who are vulnerable, in the development and implementation of the national drug policies and programmes;

5. *Calls upon* national authorities, in line with national legislation and in accordance with the three international drug control conventions, to consider including in national prevention, treatment, care, recovery, rehabilitation and social reintegration measures and programmes, effective measures aimed at ensuring well-being and minimizing the adverse public health and social consequences of drug abuse;

6. *Encourages* Member States to ensure the involvement of women at all stages of the development, implementation, monitoring and evaluation of drug policies and programmes directed at or relevant to them, with particular emphasis on addressing the specific vulnerabilities and special needs of women, including issues related to pregnancy and childcare, women with substance use disorders in the justice and prison systems and the impact of other people's drug abuse on women, including exposure to domestic violence;

7. *Also encourages* Member States, when developing and implementing drug policies and programmes addressing the specific needs of vulnerable members of society, to promote, as appropriate, a participatory role for young people and the organizations that work with them;

8. *Further encourages* Member States to identify the availability and evaluate the accessibility of drug treatment and other related services for elderly populations and the impact on the elderly of family members' drug abuse;

9. *Encourages* Member States, within national legislative and administrative systems, to work towards identifying and addressing the specific vulnerabilities associated with drug use disorders among indigenous populations, where appropriate, paying particular attention to overcoming barriers to accessing effective, comprehensive, scientific evidence-based demand reduction initiatives;

10. *Encourages* international cooperation through the United Nations Office on Drugs and Crime, and other relevant United Nations agencies within their respective mandates, to provide technical assistance and capacity-building, upon request, to support Member States in addressing the specific needs of vulnerable members of society in response to the world drug problem and in continuing to keep the Commission on Narcotic Drugs appropriately informed about the progress made in this regard;

11. *Encourages* Member States, when developing drug policies and programmes addressing the specific needs of vulnerable members of society, to promote a participatory role, where appropriate, for the scientific community and academia, through the scientific evidence they provide, and for civil society;

12. *Invites* Member States and other donors to consider providing extrabudgetary resources for the above-mentioned purposes, in accordance with the rules and procedures of the United Nations.

## Resolution 61/8

## Enhancing and strengthening international and regional cooperation and domestic efforts to address the international threats posed by the non-medical use of synthetic opioids

*The Commission on Narcotic Drugs*,

*Reaffirming* its commitment to the goals and objectives of the three international drug control conventions, including concern about the health and welfare of humankind as well as the individual and public health-related, social and safety problems resulting from the abuse of synthetic opioids, including fentanyl-related compounds, and reaffirming further its determination to prevent and treat the abuse of such drugs and substances and prevent and counter their illicit production, manufacture and trafficking,

*Recalling* the outcome document of the thirtieth special session of the General Assembly on the world drug problem, entitled "Our joint commitment to effectively addressing and countering the world drug problem",[50] in its entirety, reiterating that the operational recommendations contained therein are integrated, indivisible, multidisciplinary and mutually reinforcing and are aimed at a comprehensive, integrated and balanced approach to addressing and countering the world drug problem,

*Recalling* its resolution 53/4 of 12 March 2010, on promoting adequate availability of internationally controlled licit drugs for medical and scientific purposes while preventing their diversion and abuse, and its resolution 55/7 of 16 March 2012, on promoting measures to prevent drug overdose, in particular opioid overdose,

*Acknowledging with grave concern* the international challenge posed by the illicit manufacture of and trafficking in, and the non-medical use of, synthetic opioids, and their diversion in some cases, in particular fentanyl-related compounds, in part due to increased demand, in some cases, to public health, welfare and safety and law enforcement and, in some cases, public security, as appropriate, and noting that drug traffickers are exploiting the market with new methods such as the sale of synthetic opioids and precursors online and their distribution through the international mail system and express consignment carrier shipments so as to make available for the purpose of abuse an increasing number of synthetic opioids in addition to and as alternatives to internationally controlled drugs,

*Committed* to ensuring the safety and security of individuals, societies and communities by intensifying its efforts to prevent and counter the illicit manufacture of and trafficking in synthetic opioids, as appropriate,

*Noting* that falsified or fraudulent substances, purporting to be medicine, that contain synthetic opioids are a matter of concern because they may endanger the health and welfare of humankind,

*Recognizing* that a comprehensive global response at the national, regional and international levels is required to curb the threat posed by the non-medical use of synthetic opioids, including through the international scheduling of the most prevalent, persistent and harmful synthetic opioids,

*Determined* to strengthen national and international action to address the challenges posed by the non-medical use of synthetic opioids, including their adverse

[50] General Assembly resolution S-30/1, annex.

health and social consequences, and underscoring the importance of enhancing information-sharing and early-warning networks, developing appropriate national legislative, regulatory, prevention and treatment models and supporting the scientific evidence-based review and scheduling of the most prevalent, persistent and harmful substances,

*Recognizing* the important role played by the United Nations Office on Drugs and Crime, and the treaty-mandated roles of the International Narcotics Control Board and the World Health Organization, in collecting data to inform scheduling recommendations made to the Commission on Narcotic Drugs, in particular as they relate to synthetic opioids,

*Welcoming* the publications by the United Nations Office on Drugs and Crime under the global Synthetics Monitoring: Analysis, Reporting and Trends programme entitled "Understanding the synthetic drug market: the NPS factor", of March 2018, and "Fentanyl and its analogues: 50 years on", of March 2017, as important for the enhancement of international understanding of the threats posed by fentanyl and its analogues,

*Recalling* its resolutions 55/1 of 16 March 2012, 56/4 of 15 March 2013, 57/9 of 21 March 2014, 58/11 of 17 March 2015, 59/8 of 22 March 2016 and 60/4 of 17 March 2017 on enhancing national and international action on new psychoactive substances, in particular relating to sharing information on supply reduction and demand reduction strategies and on emerging evidence about effective treatment models and by supporting the international drug scheduling system to meet the challenges posed by these substances, noting that Member States and relevant international and regional organizations need to enhance law enforcement actions in addressing new psychoactive substances as a type of synthetic drug, and noting also the relevance of those measures to the threat posed by the non-medical use of synthetic opioids,

*Reiterating* the importance of further strengthening existing international, regional and bilateral cooperation mechanisms for the control of the non-medical use of synthetic opioids, including through the participation of Member States in regional or international database platforms supported by the United Nations Office on Drugs and Crime and the International Narcotics Control Board, with a view to gathering information, on a voluntary basis, on all the factors relevant to the integral monitoring and analysis of trafficking and use trends related to the non-medical use of synthetic opioids,

*Noting with appreciation* the efforts of the World Health Organization, including its Expert Committee on Drug Dependence, to regularly review new trends in synthetic opioids, including fentanyl-related compounds, to inform recommendations on potential control under the international drug control conventions,

*Noting* the need for capacity-building to ensure the safety of law enforcement units in pursuing the illicit manufacture of and trafficking in synthetic opioids,

1. *Urges* Member States to strengthen cooperation efforts at the bilateral, regional and global levels to reduce demand for synthetic opioids for non-medical use and to counter illicit trafficking in synthetic opioids with a view to protecting public health, welfare and safety and law enforcement and, in some cases, public security, as appropriate;

2. *Also urges* Member States to improve access to controlled substances for medical and scientific purposes by appropriately addressing existing barriers in this regard, including those related to legislation, regulatory systems, health-care systems, affordability, the training of health-care professionals, education, awareness-raising, estimates, assessment and reporting, benchmarks for the consumption of substances under control, and international cooperation, coordination and assistance, while concurrently preventing their diversion, abuse and trafficking;

3. *Calls upon* Member States, as appropriate, to explore innovative approaches to more effectively address any threat posed by the non-medical use of synthetic opioids by involving all relevant sectors, such as broadening domestic and regional control over synthetic opioids, reinforcing health-care systems and building the capacity of law enforcement and health-care professionals to respond to this challenge;

4. *Also calls upon* Member States to take appropriate measures in accordance with national legislation, such as calling the attention of health-care professionals to the threats posed by the non-medical use of synthetic opioids and promoting cooperation with pharmaceutical manufacturers and distributors, as necessary, in order to prevent the abuse of prescribed synthetic opioids, including fentanyl;

5. *Requests* Member States, where applicable, to continue to provide information, within existing reporting requirements, to the Secretariat on national efforts to address the international challenge posed by the use of synthetic opioids for non-medical purposes, and requests the United Nations Office on Drugs and Crime, in consultation with the International Narcotics Control Board and the World Health Organization, within their respective mandates, to report to the Commission at its sixty-second session on any such information received from Member States;

6. *Encourages* Member States to support the United Nations Office on Drugs and Crime, the International Narcotics Control Board and the World Health Organization in accelerating the process of issuing recommendations for the inclusion of synthetic opioids in the international control regime, in particular through more frequent meetings of the Expert Committee on Drug Dependence of the World Health Organization and increased data-sharing using the existing online portals supported by the United Nations Office on Drugs and Crime and the International Narcotics Control Board;

7. *Requests* the United Nations Office on Drugs and Crime, the International Narcotics Control Board and the World Health Organization to continue their efforts, within existing programming, to develop new and innovative approaches to better address the threats posed by the non-medical use of synthetic opioids, including treatment and prevention of their abuse, by updating, publicizing and disseminating reports on the latest trafficking and use trends related to the non-medical use of synthetic opioids, along with making such information accessible through the existing online portals and targeting new paradigms in the world drug problem;

8. *Encourages* Member States to actively participate in early warning networks and promote, as appropriate, the use of drug surveillance lists and controls and the sharing of relevant information through the United Nations Office on Drugs and Crime, the International Narcotics Control Board and the World Health Organization, within their respective mandates, and enhance bilateral, subregional, regional and international cooperation in the identification and reporting of the threats posed by the non-medical use of synthetic opioids and incidents involving them and, to that end, strengthen the use of national, regional and international established reporting and information exchange systems, such as, where appropriate, the early warning advisory on new psychoactive substances and the global Synthetics Monitoring: Analysis, Reporting and Trends programme of the United Nations Office on Drugs and Crime and Project Ion of the International Narcotics Control Board;

9. *Invites* Member States to promote the inclusion in national drug policies, in accordance with national legislation and as appropriate, of elements for the prevention and treatment of drug overdose, in particular opioid overdose, including the use of opioid receptor antagonists such as naloxone and other measures based on scientific evidence to reduce drug-related mortality;

10. *Affirms* the commitment of Member States to share, as appropriate, relevant information with and strengthen the capacity of the United Nations Office on Drugs and Crime, the International Narcotics Control Board and the World Health Organization, and other relevant international and regional organizations to prioritize

the review of the most prevalent, persistent and harmful synthetic opioids for non-medical use and to facilitate informed scheduling decisions by the Commission on Narcotic Drugs;

11. *Encourages* Member States and, within their mandates, the United Nations Office on Drugs and Crime, the International Narcotics Control Board, and relevant regional and international organizations to collect data, analyse evidence and share information within existing programmes with respect to trafficking in synthetic opioids for non-medical use conducted via the Internet, the international mail system and express consignment carrier shipments, and to continue to strengthen legal, law enforcement and criminal justice responses, based on national legislation and international cooperation, so as to curb such activities;

12. *Also encourages* Member States to share information, to the extent possible, and when consistent with national legal frameworks, on equipment frequently used in the illicit manufacture and identification of synthetic opioids;

13. *Requests* the United Nations Office on Drugs and Crime, together with the International Narcotics Control Board, and the World Health Organization to convene an intergovernmental expert group meeting before the sixty-second regular session of the Commission on Narcotic Drugs, taking into consideration cost implications for Member States, on the international challenge posed by the non-medical use of synthetic opioids to learn more about the challenges and to propose core elements for an international response;

14. *Welcomes* the initiatives of Member States to take action to enhance international cooperation and coordination regarding an appropriate global response to the threats posed by the non-medical use of synthetic opioids at the national, regional and international levels, to learn more about the challenges posed by them and to advance strategic solutions as part of such a coordinated response;

15. *Invites* the United Nations Office on Drugs and Crime to continue to act as the coordinating entity within the United Nations system on efforts to implement activities to address the challenges posed by non-medical use of synthetic opioids;

16. *Invites* Member States and other donors to provide extrabudgetary resources for the purposes described above, in accordance with the rules and procedures of the United Nations.

## Resolution 61/9

## Protecting children from the illicit drug challenge

*The Commission on Narcotic Drugs,*

*Reaffirming* its commitment to the goals and objectives of the three international drug control conventions, including concern about the health and welfare of humankind, as well as the individual and public health-related, social and safety challenges posed by the use of illicit drugs and, when relevant, drug-related crime, in particular to children,

*Recalling* the right of the child to the enjoyment of the highest attainable standard of health and of facilities for the treatment of illness and the rehabilitation of health, and striving to ensure that no child is deprived of his or her right of access to such health-care services,

*Recalling also* the Convention on the Rights of the Child,[51] which stipulates in its article 33 that States parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant

[51] United Nations, *Treaty Series*, vol. 1577, No. 27531.

international treaties, and to prevent the use of children in the illicit production and trafficking of such substances,

*Recalling further* the obligation of parties to the Convention on the Rights of the Child to respect and to ensure the rights of every child, without discrimination of any kind, irrespective of the race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status of the child and his or her parent or legal guardian,

*Reaffirming* the outcome document of the thirtieth special session of the General Assembly, entitled "Our joint commitment to effectively addressing and countering the world drug problem",[52] in which Member States reaffirmed their determination to tackle the world drug problem,

*Recalling* the 2030 Agenda for Sustainable Development,[53] in which Member States committed themselves to striving to provide children with a nurturing environment for the full realization of their rights and capabilities, including through safe schools and cohesive communities and families, and to putting an end to abuse, exploitation, trafficking and all forms of violence against and torture of children,

*Bearing in mind* that children, by reason of their physical and mental immaturity and vulnerability, need special safeguards, care and protection,

*Recalling* that, consistent with the Convention on the Rights of the Child, the best interest of the child shall be a primary consideration in all actions concerning children,

*Recalling also* its resolution 59/6 of 22 March 2016, in which it recognized that children are particularly vulnerable to individual or environmental risks related to the use of illicit drugs,

*Recalling further* its resolution 60/7 of 17 March 2017, in which, inter alia, it highlighted the necessity of scientific evidence-based and age-appropriate community, family and school drug prevention programmes and strategies addressing the needs of children, and the importance of using the *International Standards on Drug Use Prevention*, which constitute a relevant tool by summarizing the currently available scientific evidence and describing interventions and policies and their characteristics that have been found to result in positive prevention outcomes,

*Recalling* its resolution 60/8 of 17 March 2017 on promoting measures to prevent HIV and other blood-borne diseases associated with the use of drugs, and increasing financing for the global HIV/AIDS response and for drug use prevention and other drug demand reduction measures,

*Acknowledging* that scientific evidence-based prevention is one of the main health responses to the world drug problem and that effective age-appropriate and gender-sensitive prevention interventions, policies and systems should continue to be developed and implemented and enhanced, as appropriate, in an integrated manner, taking into account the specific needs of children, and should be centred on and tailored to the needs of individuals, families and communities as part of comprehensive and balanced national drug policies, with full respect for human rights,

*Expressing concern* at the dangers, risks and consequences posed to children, including by accidental intoxication and, additionally, the use of illicit drugs that are made to be attractive and available to children,

*Noting with concern* the fact that some children continue to be actively involved, used and exploited in the illicit cultivation of crops, the illicit production and manufacturing of and trafficking in narcotic drugs and psychotropic substances and other drug-related crimes in some regions of the world and that such illicit activities

[52] General Assembly resolution S-30/1, annex.
[53] General Assembly resolution 70/1.

are likely to negatively affect their development or to be harmful to their health and well-being,

1. *Reaffirms* that taking appropriate measures to protect children from the dangers, risks and consequences of the use of illicit drugs and trafficking is conducive to the development and well-being of children and is consistent with the best interest of the child;

2. *Calls upon* Member States to effectively implement relevant existing international legal instruments and national legislation to protect children from the use of illicit drugs and trafficking and to take all appropriate measures to ensure that national and international drug control strategies are developed and implemented in an age-appropriate and gender-sensitive manner and taking into account the best interest of the child;

3. *Invites* the International Narcotics Control Board, in cooperation with relevant United Nations entities, within their respective mandates, to further explore how the current international legal drug control framework could be used more efficiently, taking into account, as appropriate, for States parties, the relevant human rights conventions, to protect children from the use of illicit drugs and prevent the involvement, use and exploitation of children in the illicit cultivation of crops, illicit production and manufacturing of and trafficking in narcotic drugs and psychotropic substances and other forms of drug-related crime;

4. *Calls upon* Member States to take effective, practical and scientific evidence-based age-appropriate and gender-sensitive measures aimed at preventing children's initiation of the use of illicit drugs by providing them with accurate information about the risks of use of illicit drugs, by promoting skills and opportunities to choose healthy lifestyles and develop supporting parenting and healthy social environments, by ensuring equal access to education and vocational training, and by delivering scientific evidence-based prevention programmes in a range of settings, including in families, schools and communities;

5. *Requests* the United Nations Office on Drugs and Crime to continue to collect and analyse data disaggregated by age and gender and to support further research into the dangers, risks and consequences associated with the use of illicit drugs by children and the involvement, use and exploitation of children in the illicit cultivation of crops, illicit production and manufacturing of and trafficking in narcotic drugs and psychotropic substances and other forms of drug-related crime;

6. *Also requests* the United Nations Office on Drugs and Crime to assist Member States, upon their request, in developing effective national, regional and international strategies that are age-appropriate and gender-sensitive, to protect children from dangers, risks and consequences associated with the use of illicit drugs, and to prevent the involvement, use and exploitation of children in the illicit cultivation of crops, illicit production and manufacturing of and trafficking in narcotic drugs and psychotropic substances and other forms of drug-related crime, in order to ensure that the rights of the child, including the right to the highest attainable standard of health, are promoted and protected;

7. *Encourages* Member States to share best practices in the development, implementation, monitoring and evaluation of age-appropriate and gender-sensitive strategies to protect children from the dangers, risks and consequences associated with the use of illicit drugs and to prevent the involvement, use and exploitation of children in the illicit cultivation of crops, illicit production and manufacturing of and trafficking in narcotic drugs and psychotropic substances and other forms of drug-related crime, and invites the United Nations Office on Drugs and Crime to assist Member States, upon request, in this regard;

8. *Invites* Member States to consider the use of the *International Standards on Drug Use Prevention* in the development, implementation, monitoring and evaluation of community, family and school drug prevention programmes and

strategies, to exchange best practices and to formulate effective drug use prevention programmes and strategies aimed at children;

9. *Invites* Member States further to consider the use of the *International Standards for the Treatment of Drug Use Disorders* in the development, implementation, monitoring and evaluation of drug treatment programmes and strategies, to exchange best practices and to formulate effective drug treatment programmes and strategies aimed at children;

10. *Invites* Member States to promote comprehensive care plans for children, particularly orphans and street children, with HIV and other blood-borne diseases associated with drug use and to consider implementing and expanding programmes to address drug-related dangers, risks and consequences to children in an age-appropriate and gender-sensitive manner, and also invites Member States to take into account, as appropriate, the *WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*;

11. *Urges* Member States to take effective measures to protect children from dangers, risks and consequences associated with the use of illicit drugs, including accidental intoxication and, additionally, the use of illicit drugs that are made to be attractive and available to children;

12. *Also urges* Member States to continue to enhance criminal justice responses to those responsible for the involvement, use and exploitation of some children in the illicit cultivation of crops, illicit production and manufacturing of and trafficking in narcotic drugs and psychotropic substances and other forms of drug-related crime, and to enable penalties, in accordance with national legislation, that are proportional to the gravity of the offence;

13. *Requests* the United Nations Office on Drugs and Crime to report to the Commission within the existing reporting obligations on the implementation of the present resolution at its sixty-second session;

14. *Invites* Member States and other donors to provide extrabudgetary resources for the purposes described above in accordance with the rules and procedures of the United Nations.

## Resolution 61/10

## Preparations for the ministerial segment to be held during the sixty-second session of the Commission on Narcotic Drugs, in 2019

*The Commission on Narcotic Drugs,*

*Reaffirming* its resolution 60/1, entitled "Preparations for the sixty-second session of the Commission on Narcotic Drugs in 2019", in its entirety,

1. *Decides* that the organizational arrangements for the ministerial segment to be held during its sixty-second session, in the light of the 2019 target date, will be as follows:

(a) The ministerial segment shall include a general debate;

(b) Following the format of the general debates conducted during the high-level segments of the fifty-second session of the Commission, in 2009, and the fifty-seventh session, in 2014, the meetings of the general debate will be open to all States Members of the United Nations. The seating arrangements will follow the protocol used by the General Assembly. After the introductory statements by the Secretary-General, the Executive Director of the United Nations Office on Drugs and Crime, the President of the International Narcotics Control Board and the Director-General of the World Health Organization, the floor will be given to the high-level representatives of the Member States chairing the regional groups,

followed by statements by high-level representatives of Member States speaking in their national capacity. Heads of entities of the United Nations, including programmes, funds, specialized agencies and regional commissions, may make statements in the general debate. Representatives of intergovernmental organizations and non-governmental organizations in consultative status with the Economic and Social Council will participate in accordance with articles 74 and 76 of the rules of procedure of the functional commissions of the Economic and Social Council;

(c) The ministerial segment shall further include two interactive, multi-stakeholder round tables, to be conducted in parallel with the general debate in the plenary:

(i) All States Members of the United Nations, observer States and observers, including relevant international organizations with observer status and entities of the United Nations system, and representatives of non-governmental organizations, representatives of civil society and the scientific community, academia, youth groups and other relevant stakeholders participating in the ministerial segment, are to be invited to participate in the interactive, multi-stakeholder round tables;

(ii) The interactive, multi-stakeholder round tables shall be co-chaired by two representatives, of two different regional groups, each to be nominated by the respective regional group;

(iii) Each round table shall consist of a panel composed of five panellists to be nominated by the regional groups, and one panellist to be nominated by the civil society task force. In addition, the panel could include up to two speakers from entities of the United Nations system. The final list of the panellists and other speakers will be drawn up by the Chair of the Commission on Narcotic Drugs in consultation with the extended Bureau of the Commission;

(iv) The interventions by the panellists shall be followed by an interactive discussion, and, in order to accommodate as many speakers as possible, interventions by the panellists shall be limited to a maximum of five minutes, and interventions from the floor shall be limited to a maximum of three minutes;

(d) A summary by the Chair of the general debate, in addition to a summary of the salient points raised during the round tables to be prepared by the co-chairs of those round tables, will be presented at the plenary;

2. *Encourages* all Member States, observer States and observers to consider being represented at the highest possible level at the ministerial segment;

3. *Encourages* all Member States and relevant entities of the United Nations system to actively participate in the discussions of the Commission on Narcotic Drugs in preparation for the 2019 ministerial segment in order to foster an in-depth exchange of information and expertise on efforts, achievements, challenges and best practices to address and counter the world drug problem;

4. *Resolves* that an outline for the way beyond 2019 will be presented by the Chair to the Commission at its reconvened sixty-first session for further consideration, including at its intersessional meetings prior to the sixty-second session, in the light of the preparations for the ministerial segment.

## Resolution 61/11

## Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users

*The Commission on Narcotic Drugs*,

*Mindful* of its commitment to addressing and countering the world drug problem to help ensure that all people can live in health, dignity and peace, with security and prosperity, and reaffirming its determination to address public health, safety and social problems resulting from drug abuse,

*Recalling* the outcome document of the thirtieth special session of the General Assembly, entitled "Our joint commitment to effectively addressing and countering the world drug problem",[54] in which Member States reaffirmed their determination to tackle the world drug problem and to actively promote a society free of drug abuse in order to help ensure that all people can live in health, dignity and peace, with security and prosperity, as well as their determination to address public health, safety and social problems resulting from drug abuse,

*Reaffirming* its commitment to the goals and objectives of the three international drug control conventions, including concern about the health and welfare of humankind as well as the individual and public health-related social and safety problems resulting from the abuse of narcotic drugs and psychotropic substances,

*Recalling* its resolution 57/4 of 21 March 2014 in which it recognized that efforts supporting recovery from substance use disorders needed to be consistent with human rights obligations and be within the framework of the international drug control conventions,

*Recalling also* that, in the outcome document of the thirtieth special session of the General Assembly, Member States recommended the recognition of drug dependence as a complex, multifactorial health disorder characterized by a chronic and relapsing nature with social causes and consequences that can be prevented and treated through, inter alia, effective scientific evidence-based drug treatment, care and rehabilitation programmes, including community-based programmes, and the strengthening of capacity for aftercare for and the rehabilitation, recovery and social reintegration of individuals with substance use disorders, including, as appropriate, through assistance for effective reintegration into the labour market and other support services,

*Recognizing*, as part of a comprehensive, integrated and balanced approach to addressing and countering the world drug problem, that appropriate emphasis should be placed on individuals, families, communities and society as a whole, with a view to promoting and protecting the health, safety and well-being of all humanity,

*Recognizing* that marginalization, stigmatizing attitudes, discrimination and fear of social, employment-related or legal repercussions may dissuade many who need help from accessing it and lead those who are in stable long-term recovery from a substance use disorder to avoid disclosure of their status as a person in recovery from addiction,

*Guided* by the outcome document of the thirtieth special session of the General Assembly to prevent social marginalization and promote non-stigmatizing attitudes and to encourage the voluntary participation of individuals with drug use disorders in treatment programmes, with informed consent, where consistent with national legislation, and develop and implement outreach programmes and campaigns, involving drug users in long-term recovery, where appropriate, to prevent social marginalization and promote non-stigmatizing attitudes, as well as to encourage drug

[54] General Assembly resolution S-30/1, annex

users to seek treatment and care, and take measures to facilitate access to treatment and expand capacity,

*Guided also* by the reaffirmation, in the outcome document of the thirtieth special session of the General Assembly, of the need to strengthen cooperation between the United Nations Office on Drugs and Crime and other United Nations entities, within their respective mandates, in their efforts to support Member States in the implementation of international drug control treaties in accordance with applicable human rights obligations and to promote protection of and respect for human rights and the dignity of all individuals in the context of drug programmes, strategies and policies,

*Noting* that, in the outcome document of the thirtieth special session of the General Assembly, Member States also recommended promoting and strengthening regional and international cooperation in developing and implementing treatment-related initiatives, enhancing technical assistance and capacity-building and ensuring non-discriminatory access to a broad range of interventions, including psychosocial, behavioural and medication-assisted treatment, as appropriate and in accordance with national legislation, as well as to rehabilitation, social reintegration and recovery-support programmes, including access to such services in prisons and after imprisonment, giving special attention to the specific needs of women, children and youth in that regard,

*Recalling* the operational recommendation contained in the outcome document of the thirtieth special session of the General Assembly to ensure non-discriminatory access to health, care and social services in prevention, primary care and treatment programmes, including those offered to persons in prison or pretrial detention, which are to be on a level equal to those available in the community, and ensure that women, including detained women, have access to adequate health services and counselling, including those particularly needed during pregnancy,

*Recalling also* the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,[55] in which Member States were called upon, inter alia, to provide appropriate training within criminal justice and/or prison systems to support measures that are based on scientific evidence and are ethical and to ensure that staff attitudes are respectful, non-judgmental and non-stigmatizing,

*Reiterating* the commitment of Member States to promoting, developing, reviewing or strengthening effective, comprehensive, integrated drug demand reduction programmes, based on scientific evidence and covering a range of measures, including primary prevention, early intervention, treatment, care, rehabilitation, social reintegration and related support services, aimed at promoting health and social well-being among individuals, families and communities and reducing the adverse consequences of drug use for individuals and society as a whole, taking into account the particular challenges faced by drug users,

*Acknowledging* the 2030 Agenda for Sustainable Development,[56] in which Member States pledged that no one would be left behind in the pursuit of the goals set out in that Agenda,

*Also acknowledging* that removing stigmatizing attitudes in line with the purposes of the present resolution may require comprehensive and balanced efforts by Member States, in accordance with national legislation and national and regional contexts, while respecting cultural diversity, as appropriate, and in a way that does not undermine judicial procedures or any legitimate and necessary measures for crime prevention and protecting the public interest,

---

[55] See *Official Records of the Economic and Social Council, 2009, Supplement No. 8* (E/2009/28), chap. I, sect. C.

[56] General Assembly resolution 70/1

*Recalling* its resolution 59/5 of 22 March 2016, and underlining the importance of taking into account the challenges and needs faced by women and girls who use drugs or who are affected by the drug use of others and of mainstreaming a gender perspective into national drug policies,

1. *Encourages* Member States, as appropriate, within their national and regional contexts, to promote, among their relevant agencies and social service sectors, non-stigmatizing attitudes in the development and implementation of scientific evidence-based policies related to the availability of, access to and delivery of health, care and social services for drug users, and to reduce any possible discrimination, exclusion or prejudice those people may encounter;

2. *Requests* Member States, as appropriate, within their national and regional contexts, to continue to enhance inclusiveness in developing relevant programmes and strategies, to seek opinions and contributions from drug users and from organizations and family and community members who work with them and support them, to facilitate the development of scientific evidence-based policies regarding the availability of, access to and delivery of health, care and social services;

3. *Urges* Member States, in accordance with their national and regional contexts, as appropriate, and cultural traditions, to include in their existing training programmes information on the effect that stigmatizing attitudes have on the availability of, access to and delivery of services to drug users;

4. *Calls upon* the United Nations Office on Drugs and Crime to integrate awareness of stigmatizing attitudes into existing training programmes for agencies with tasks in the areas of health, care and social services, and other relevant officials, and, where appropriate, in cooperation with other relevant regional, interregional and international organizations;

5. *Also calls upon* the United Nations Office on Drugs and Crime to continue to coordinate efforts with other relevant United Nations entities to support an increasing awareness of the negative effects of stigmatizing attitudes on the availability of, access to and delivery of health, care and social services for drug users, while bearing in mind respect for the human rights and dignity of all individuals in the context of drug programmes, strategies and policies;

6. *Requests* the United Nations Office on Drugs and Crime to report to the Commission on Narcotic Drugs at its sixty-third session on how the Office has implemented the aspects of the present resolution that are relevant to its work;

7. *Invites* Member States and other donors to provide extrabudgetary resources for these purposes, in accordance with the rules and procedures of the United Nations;

8. *Reaffirms* that the provisions in the present resolution are to be undertaken in accordance with States' international legal obligations.

## Decision 61/1

## Inclusion of carfentanil in Schedules I and IV of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol

At its 6th meeting, on 14 March 2018, the Commission on Narcotic Drugs decided to include carfentanil in Schedules I and IV of the 1961 Convention as amended by the 1972 Protocol.

### Decision 61/2

### Inclusion of ocfentanil in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol

At its 6th meeting, on 14 March 2018, the Commission on Narcotic Drugs decided to include ocfentanil in Schedule I of the 1961 Convention as amended by the 1972 Protocol.

### Decision 61/3

### Inclusion of furanylfentanyl in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol

At its 6th meeting, on 14 March 2018, the Commission on Narcotic Drugs decided to include furanylfentanyl in Schedule I of the 1961 Convention as amended by the 1972 Protocol.

### Decision 61/4

### Inclusion of acryloylfentanyl (acrylfentanyl) in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol

At its 6th meeting, on 14 March 2018, the Commission on Narcotic Drugs decided to include acryloylfentanyl (acrylfentanyl) in Schedule I of the 1961 Convention as amended by the 1972 Protocol.

### Decision 61/5

### Inclusion of 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF) in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol

At its 6th meeting, on 14 March 2018, the Commission on Narcotic Drugs decided to include 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF) in Schedule I of the 1961 Convention as amended by the 1972 Protocol.

### Decision 61/6

### Inclusion of tetrahydrofuranylfentanyl (THF-F) in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol

At its 6th meeting, on 14 March 2018, the Commission on Narcotic Drugs decided to include tetrahydrofuranylfentanyl (THF-F) in Schedule I of the 1961 Convention as amended by the 1972 Protocol.

### Decision 61/7

### Inclusion of AB-CHMINACA in Schedule II of the Convention on Psychotropic Substances of 1971

At its 6th meeting, on 14 March 2018, the Commission on Narcotic Drugs decided by 47 votes to none, with no abstentions, to include AB-CHMINACA in Schedule II of the Convention on Psychotropic Substances of 1971.

### Decision 61/8

### Inclusion of 5F-MDMB-PINACA (5F-ADB) in Schedule II of the Convention on Psychotropic Substances of 1971

At its 6th meeting, on 14 March 2018, the Commission decided by 47 votes to none, with no abstentions, to include 5F-MDMB-PINACA (5F-ADB) in Schedule II of the Convention on Psychotropic Substances of 1971.

### Decision 61/9

### Inclusion of AB-PINACA in Schedule II of the Convention on Psychotropic Substances of 1971

At its 6th meeting, on 14 March 2018, the Commission decided by 48 votes to none, with no abstentions, to include AB-PINACA in Schedule II of the Convention on Psychotropic Substances of 1971.

### Decision 61/10

### Inclusion of UR-144 in Schedule II of the Convention on Psychotropic Substances of 1971

At its 6th meeting, on 14 March 2018, the Commission decided by 48 votes to none, with no abstentions, to include UR-144 in Schedule II of the Convention on Psychotropic Substances of 1971.

### Decision 61/11

### Inclusion of 5F-PB-22 in Schedule II of the Convention on Psychotropic Substances of 1971

At its 6th meeting, on 14 March 2018, the Commission decided by 48 votes to none, with no abstentions, to include 5F-PB-22 in Schedule II of the Convention on Psychotropic Substances of 1971.

### Decision 61/12

### Inclusion of 4-fluoroamphetamine (4-FA) in Schedule II of the Convention on Psychotropic Substances of 1971

At its 6th meeting, on 14 March 2018, the Commission decided by 48 votes to none, with no abstentions, to include 4-fluoroamphetamine (4-FA) in Schedule II of the Convention on Psychotropic Substances of 1971.

# Chapter II

## General debate

3. At its 1st to 6th meetings, on 12, 13 and 14 March 2018, the Commission on Narcotic Drugs considered agenda item 3, entitled "General debate".

4. At the 1st meeting of the sixty-first session of the Commission on Narcotic Drugs, on 12 March, the following persons made statements:

Prajin Juntong, Air Chief Marshal, Deputy Prime Minister and Minister of Justice of Thailand

Abdol Reza Rahmani Fazli, Minister of Interior of the Islamic Republic of Iran

Josephine Teo, Minister, Prime Minister's Office, Second Minister for Home Affairs and Second Minister for Manpower of Singapore

Jenista Joakim Mhagama, Minister of State, Prime Minister's Office of the United Republic of Tanzania

Mario Garcés Sanagustin, Secretary of State for Social Services and Equality, Ministry of Health, Social Services and Equality of Spain

João Goulao, Director General for Intervention on Addictive Behaviours and Dependencies (SICAD) and National Coordinator for Drug Problems, Drug Addiction, and the Harmful Use of Alcohol of Portugal

Oleg Syromolotov, Deputy Minister of Foreign Affairs of the Russian Federation

Faouzia Mebarki, Permanent Representative of Algeria to the United Nations (Vienna)

Desheng Xiong, Deputy Secretary General, National Narcotics Control Commission of China

5. At the 2nd meeting of the session, on 12 March, the following persons made statements:

Roberto Esteban Moro, State Secretary, Secretariat for Comprehensive Drug Policies (SEDRONAR) of Argentina

Andrei Dapkiunas, Deputy Minister of Foreign Affairs of Belarus

Lisa Studdert, First Assistant Secretary, Population Health and Sport Division, Department of Health of Australia

Abdul Aziz Alromaihi, General Director, General Directorate for Crime Detection and Forensic Science of Bahrain

Jindrich Voboril, National Drug Coordinator, Head of Secretariat and Executive Vice-Chair of the Governmental Council for Drug and Policy Coordination of Czechia

Armin Ernesto Andereya Latorre, Permanent Representative of Chile to the United Nations (Vienna)

Nicolas Prisse, President, Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA) of France

Michelle Boudreau, Director General, Controlled Substances Directorate, Health Canada

Torbjorn Brekke, Specialist Director, Ministry of Health and Care Services of Norway

Saeed Abdulla Alsuwaidi, Director General, Federal General Department of Anti-Narcotics, Ministry of Interior of United Arab Emirates

Iqbal Mehmood, Federal Secretary, Ministry of Narcotics Control of Pakistan

Pilar Saborío de Rocafort, Permanent Representative of Costa Rica to United Nations (Vienna)

Ibrahim Assaf, Permanent Representative of Lebanon to the United Nations (Vienna)

Paulina Franceschi Navarro, Permanent Representative of Panama to the United Nations (Vienna)

Ahmet Muhtar Gün, Permanent Representative of Turkey to the United Nations (Vienna)

Friedrich Däuble, Permanent Representative of Germany to the United Nations (Vienna)

Tebogo Seokolo, Permanent Representative of South Africa to the United Nations (Vienna)

Maria Assunta Accili Sabbatini, Permanent Representative of Italy to the United Nations (Vienna)

Sheikh Ali Jassim T.J. Al-Thani, Permanent Representative of Qatar to the United Nations (Vienna)

Andrej Benedejčič, Permanent Representative of Slovenia to the United Nations (Vienna)

Yongsoo Lee, Deputy Permanent Representative of the Republic of Korea to the United Nations (Vienna)

Willem Van de Voorde, Permanent Representative of Belgium to the United Nations (Vienna)

Katherine Merrifield, Head of Drugs and Alcohol Unit, Home Office, United Kingdom of Great Britain and Northern Ireland

Carlos Játiva, Permanent Representative of Ecuador to the United Nations (Vienna)

Rashid Alimov, Secretary General, Shanghai Cooperation Organization

6. At the 3rd meeting of the session, on 13 March, the following persons made statements:

Alberto Elías Beltrán, Deputy Attorney General for Legal and International Affairs, Office of the Attorney General of Mexico

Thomas Greminger, Secretary General, Organization for Security and Cooperation in Europe

Badr Mohammed Zaher Al-Hinai, Permanent Representative of Oman to the United Nations (Vienna) (also on behalf of the Group of Arab States)

Nora Kronig Romero, Deputy Director and Head of International Affairs Division, Federal Office of Public Health of Switzerland

Dulfa Dalila Hernandez Medina, Minister Counsellor, Permanent Mission of the Bolivarian Republic of Venezuela to the United Nations (Vienna)

Manuel Estuardo Roldán Barillas, Deputy Minister of Foreign Affairs of Guatemala

Lotfi Bourchaara, Permanent Representative of Morocco to the United Nations (Vienna)

Christakis Makriyiannis, Second Secretary, Permanent Mission of Cyprus to the United Nations (Vienna)

James A. Walsh, Deputy Assistant Secretary of State, Bureau of International Narcotics and Law Enforcement Affairs, Department of State of the United States of America

Thomas Hanney, Permanent Representative of Ireland to the United Nations (Vienna)

Ahmed Alzahraini, General Director, General Directorate of Narcotics Control of Saudi Arabia (on behalf of His Royal Highness Minister of Interior)

Abdallah Mustapha Muhammad, Chairman and Chief Executive, Drug Law Enforcement Agency of Nigeria

Mitsuru Kitano, Permanent Representative of Japan to the United Nations (Vienna)

Sadiq Marafi, Permanent Representative of Kuwait to the United Nations (Vienna)

Jabir Hemaidawi, Permanent Representative of Iraq to the United Nations (Vienna)

Zakaria Elghamry, Assistant Minister of Interior and Director of the Anti-Narcotics General Administration of Egypt

Arpad Meszaros, Deputy State Secretary, Ministry of Human Capacities of Hungary

Diego Olivera Couto, Secretary General, National Drugs Board of Uruguay

Catalino S. Cuy, Minister and Secretary, Dangerous Drugs Board of the Philippines

Lishann Salmon, First Secretary, Permanent Mission of Jamaica to the United Nations (Vienna)

Sherkhon Salimzoda, Director, Drug Control Agency under the President of Tajikistan

Hannu Kyröläinen, Permanent Representative of Finland to the United Nations (Vienna)

7. At the 4th meeting of the session, on 13 March, the following persons made statements:

Ganeson Sivagurunathan, Permanent Representative of Malaysia to the United Nations (Vienna)

Karla Yalile Martínez Beltrán, Secretary General, National Commission for Development and Life without Drugs (DEVIDA) of Peru

Navchaa Tseveen, First Secretary, Permanent Mission of Mongolia to the United Nations (Vienna)

Zhanat Suleimenov, First Deputy Minister of Internal Affairs of Kazakhstan

Mihail Beregoi, Secretary of State, Ministry of Interior of the Republic of Moldova

Nicole Roberton, Permanent Representative of New Zealand to the United Nations (Vienna)

Keith Azzopardi, Permanent Representative of Malta to the United Nations (Vienna)

Victor Sannes, National Drug Coordinator, Ministry of Health, Welfare and Sport of the Netherlands

Aung Soe, Deputy Minister, Ministry of Home Affairs of Myanmar

Antonio Israel Ybarra Suárez, Secretary, National Anti-Drug Commission of Cuba

Ricardo Neiva Tavares, Permanent Representative of Brazil to the United Nations (Vienna)

Andrés Alexander Ramírez Medrano, Executive Director, National Anti-Drug Commission of El Salvador

Heru Winarko, Head, National Narcotics Board of Indonesia

Jawid Ahmad Qaem, Deputy Minister, Ministry of Counter-Narcotics of Afghanistan

Cătălin Negoi, Head of International Relations and Programmes Department, National Anti-Drug Agency of Romania

Mohamed Hussein Hassan Zaroug, Permanent Representative of the Sudan to the United Nations (Vienna)

Abubaker M. M. Atia, Head, General Directorate of Drugs, Libya

Girish Chandra Murmu, Additional Secretary, Ministry of Finance of India

Hussam Abdullah Hasan Ghodayeh Al Husseini, Permanent Representative of Jordan to the United Nations (Vienna)

Xuan Vien Vu, Chief Officer, Ministry of Public Security of Viet Nam

Wadie Ben Cheikh, Counsellor, Permanent Mission of Tunisia to the United Nations (Vienna)

Piotr Jabłoński, Director, National Bureau for Drug Prevention of Poland

Rafael Bustillo Romero, Coordinating Magistrate, Criminal Division, Supreme Court of Justice of Honduras

Samantha Kumara Kithalawaarachchi, Director, Secretariat of the President of Sri Lanka

Prakash Kumar Suvedi, Permanent Representative of Nepal to the United Nations (Vienna)

Arthur Osiya, Secretary, Administration, Ministry of Interior and Coordination of National Government of Kenya

Choolun Bhojoo, Deputy Commissioner of Police of Mauritius

8. At the 5th meeting of the session, on 13 March, the following persons made statements:

Alita Mbahwe, Commissioner, Drug Enforcement Commission of Zambia

Lourdes Gisela Victoria-Kruse, Permanent Representative of the Dominican Republic to the United Nations (Vienna)

Janusz D. Urbańczyk, Permanent Representative, Permanent Observer Mission of the Holy See to the United Nations (Vienna)

Zaved Mahmood, Human Rights Officer, Rule of Law and Democracy Section, Office of the United Nations High Commissioner for Human Rights

Günther A. Granser, Permanent Representative of the Sovereign Order of Malta to the United Nations (Vienna)

Adam E. Namm, Executive Secretary, Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States

Jan Malinowski, Executive Secretary, Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) of the Council of Europe

Alexey Rogov, Deputy Director, Department on New Challenges and Threats, Ministry of Foreign Affairs of the Russian Federation (on behalf of the States members of the Central Asian Regional Information and Coordination Centre)

Raheel Ahmad Cheema, Officer-in-Charge of the Drugs and Organized Crime Coordination Unit of the Economic Cooperation Organization

Tarek Kazem, Counsellor and Deputy Head of the Mission of the League of Arab States (on behalf of the States members of the League of Arab States)

9. At the 6th meeting of the session, on 14 March, the following person made a statement:

Oscar Adolfo Naranjo Trujillo, Vice-President of Colombia

# Chapter III

## Strategic management, budgetary and administrative questions

10. At its 5th and 6th meetings, on 13 and 14 March 2018, the Commission considered agenda item 4, which read as follows:

"Strategic management, budgetary and administrative questions:

(a) Work of the standing open-ended intergovernmental working group on improving the governance and financial situation of the United Nations Office on Drugs and Crime;

(b) Directives on policy and budgetary issues for the drug programme of the United Nations Office on Drugs and Crime;

(c) Working methods of the Commission;

(d) Staff composition of the United Nations Office on Drugs and Crime and other related matters."

11. For its consideration of item 4, the Commission had before it the following:

(a) Report of the Executive Director on the activities of the United Nations Office on Drugs and Crime (E/CN.7/2018/2-E/CN.15/2018/2);

(b) Note by the Secretariat on the work of the standing open-ended intergovernmental working group on improving the governance and financial situation of the United Nations Office on Drugs and Crime (E/CN.7/2018/3-E/CN.15/2018/3);

(c) Note by the Executive Director on the adjustments to the consolidated budget for the biennium 2018–2019 for the United Nations Office on Drugs and Crime (E/CN.7/2018/12-E/CN.15/2018/14).

12. An introductory statement was made by the Director of the Division for Management.

13. Statements were made by the representatives of Iraq, China, Switzerland, Japan, the United States of America, Brazil, the Republic of Korea and Thailand. The observer for the United Kingdom of Great Britain and Northern Ireland also made a statement.

### A. Deliberations

14. Several speakers expressed appreciation for the work of the open-ended intergovernmental working group on improving the governance and financial situation of the United Nations Office on Drugs and Crime (UNODC). They noted that the working group served as an essential mechanism to enhance the transparency and accountability of the Office and to enable a constructive dialogue between Member States and UNODC.

15. A speaker expressed satisfaction with the operational support provided by UNODC and the Commission in the follow-up to the thirtieth special session of the General Assembly on the world drug problem held in 2016, and, in particular, with the approach followed, which took into account each of the seven thematic chapters contained in the outcome document of the thirtieth special session of the General Assembly[57] and involved all the relevant stakeholders. The speaker also noted the importance of the thematic discussions held in Vienna between January and November 2017, the good practices portal on the website dedicated to the follow-up

[57] General Assembly resolution S-30/1, annex.

to the special session and the two regional workshops on the implementation of the outcome document, held in La Paz and Port of Spain.

16. A number of speakers made reference to the importance of technical cooperation and, in particular, the technical assistance provided by UNODC to requesting countries, on the basis of their priorities, in addressing the world drug problem. Reference was also made to the Office's central role in global efforts to address the world drug problem, in view of its unique expertise and capabilities.

17. Several speakers expressed concern regarding the difficult financial situation faced by UNODC in view of the considerable decrease in general purpose funds and the concurrent increase in special purpose funds. Support was expressed for the Office's efforts to address the situation. One speaker noted that UNODC should not become a donor-driven organization, as that would have a negative impact on the establishment of priorities and the ownership of its core mandates, which should be financed from the regular budget.

18. Several speakers expressed support for the adjustments made by UNODC to the consolidated budget for the biennium 2018–2019 and, in that regard, welcomed the proposal to allocate programme support costs in a more flexible manner. UNODC was encouraged to continue its efforts to increase transparency in its dialogue with Member States during the budget formulation and decision-making process.

19. Several speakers mentioned the need for a broader, more flexible and more transparent use of programme support cost funds at headquarters and field offices, as appropriate, and noted that such an approach would help to maintain the delivery of UNODC activities, including in the field. Reference was also made to the need for closer coordination between headquarters and field offices, with the aim of avoiding duplication of projects and promoting efficient and effective management.

20. UNODC was encouraged to continue to evaluate and report on challenges with regard to the viability of field offices, project delivery and administrative practices, in particular full cost recovery implementation. One speaker noted that full cost recovery could bring stability to the financial situation of UNODC, while another speaker referred to the increase in administrative costs charged to projects, which could undermine the Office's competitiveness vis-à-vis other organizations.

21. Several speakers expressed support for the United Nations Office at Vienna/UNODC Strategy for Gender Equality and the Empowerment of Women (2018–2021), and stressed that the Office should make progress towards mainstreaming gender into its programmes. One speaker congratulated UNODC on the establishment of the new Global Programme on Gender Equality and the Empowerment of Women in the United Nations Office at Vienna/UNODC, and expressed interest in seeing more work done in the areas addressed by the Programme.

22. Several speakers welcomed the efforts being made by UNODC to achieve gender parity, with one speaker noting in particular the need to increase the number of women at the senior level. Furthermore, one speaker noted the importance for the Office of achieving 50/50 gender parity, while bearing in mind Article 101 of the Charter of the United Nations.

23. Several speakers highlighted the importance of ensuring equitable geographic distribution among UNODC staff members and urged the Office to enhance its efforts in that regard. One speaker expressed concern regarding the human resources management of UNODC, while welcoming the increased openness of the Secretariat to discussing the issue. The speaker expressed hope that the Secretariat would continue to seek ways to improve the Office's recruitment policies and to actively reach out to qualified candidates from developing countries. It was noted that gender parity and equitable geographic distribution should be fundamental objectives of the recruitment policies of the Office.

24. One speaker expressed support for the reforms undertaken by the Secretary-General. The speaker referred to the vital role that UNODC could play

in the success of those reforms and to the need to take difficult decisions, when necessary.

25. One speaker expressed support for the proposal by the Secretary-General to reinforce and further enhance exchanges between United Nations entities, in particular in monitoring progress towards achieving Goal 16 of the Sustainable Development Goals. The speaker also referred to the need to enhance exchanges and coherence between the United Nations Office at Vienna and the United Nations Office at Geneva and invited UNODC to consider reinforcing and developing such collaboration in the context of its strategic and financial planning.

26. In addition, one speaker encouraged UNODC to provide additional information on its planned publications, the status of its publications, and information sources used in their preparation, and called on UNODC to enhance its engagement with Member States in that regard.

## B. Action taken by the Commission

27. At its 6th meeting, on 14 March 2018, the Commission adopted a resolution entitled "Budget for the biennium 2018–2019 for the Fund of the United Nations International Drug Control Programme", as contained in document E/CN.7/2018/12-E/CN.15/2018/14, annex I. (For the text of the resolution, see chap. I, sect. B, resolution 61/1.)

# Chapter IV

## Implementation of the international drug control treaties

28. At its 6th and 7th meetings, on 13 and 14 March 2018, the Commission considered agenda item 5, which read as follows:

"Implementation of the international drug control treaties:

(a) Changes in the scope of control of substances;

(b) Challenges and future work of the Commission on Narcotic Drugs and the World Health Organization in the review of substances for possible scheduling recommendations;

(c) International Narcotics Control Board;

(d) International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion;

(e) Other matters arising from the international drug control treaties."

29. For its consideration of item 5, the Commission had before it the following:

(a) Note by the Secretariat on the scope of control of substances: proposed scheduling recommendations by the World Health Organization (E/CN.7/2018/10 and E/CN.7/2018/10/Add.1);

(b) *Report of the International Narcotics Control Board for 2017* (E/INCB/2017/1);

(c) *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2017 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (E/INCB/2017/4);

(d) *Competent National Authorities under the International Drug Control Treaties* (ST/NAR.3/2017/1);

(e) Extract from the report of the thirty-ninth meeting of the Expert Committee on Drug Dependence convened from 6 to 10 November 2017 at the headquarters of the World Health Organization in Geneva (E/CN.7/2018/CRP.3).

30. Introductory statements were made by the Chief of the Drug Prevention and Health Branch, the Chief of the Laboratory and Scientific Section and a representative of the Prevention, Treatment and Rehabilitation Section of the Drug Prevention and Health Branch of UNODC. Introductory statements were also made by the President of the International Narcotics Control Board (INCB). The observer for the World Health Organization (WHO) made introductory statements as well.

31. A statement was made by the observer for Bulgaria on behalf of the European Union and its member States and Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, Norway, the Republic of Moldova, San Marino, Serbia, the former Yugoslav Republic of Macedonia and Ukraine.

32. Statements were made by the representatives of the Republic of Korea, China, Switzerland, Thailand, Japan, the United States, Norway, Pakistan, Mexico, Turkey, Algeria, the Russian Federation, Belgium, Australia, Iraq and Brazil.

33. Statements were made by the observers for the United Kingdom, Denmark, Nigeria, the Bolivarian Republic of Venezuela, Indonesia, Paraguay and Serbia.

34. A statement was made by the observer for the Office of the United Nations High Commissioner for Human Rights. A statement was also made by the observer for the International Association for Hospice and Palliative Care.

## A. Deliberations

### 3. Changes in the scope of control of substances

#### (a) Consideration of a proposal from the World Health Organization to place carfentanil in Schedules I and IV of the 1961 Convention as amended by the 1972 Protocol

35. The observer for WHO informed the Commission that carfentanil (methyl 1-(2-phenylethyl)-4-[phenyl(propanoyl)amino]piperidine-4-carboxylate) was an opioid that was structurally related to fentanyl and noted that its pharmacodynamic and clinical effects were similar to fentanyl's, while being 100 times more potent. Carfentanil produced respiratory depression and loss of consciousness and had been associated with hundreds of documented deaths and non-fatal intoxications globally. The observer noted that carfentanil was liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl, which were included in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol.[58] Carfentanil was also convertible into sufentanil and alfentanil, two very potent opioid analgesics controlled under Schedule I of the 1961 Convention, and had no approved therapeutic use in humans. The Expert Committee on Drug Dependence considered and recognized the impact that the international scheduling of carfentanil could have on veterinary access to the drug in relation to its therapeutic use in large animals, while also noting that its therapeutic advantages did not offset the severe threat it posed to human health. The Expert Committee therefore recommended that carfentanil be placed in Schedule I of the 1961 Convention as amended. The Expert Committee was particularly concerned about the extreme potency of the substance and the especially serious risk to public health that it posed and therefore recommended that carfentanil also be placed in Schedule IV of the 1961 Convention as amended.

#### (b) Consideration of a proposal from the World Health Organization to place ocfentanil in Schedule I of the 1961 Convention as amended by the 1972 Protocol

36. The observer for WHO informed the Commission that ocfentanil (*N*-(2-fluorophenyl)-2-methoxy-*N*-[1-(2-phenylethyl)piperidin-4-yl]acetamide) was an opioid that was structurally related to fentanyl and that produced the typical symptoms of opioid intoxication, including potentially fatal respiratory depression and loss of consciousness. The observer noted that ocfentanil-related deaths had been reported and that the drug had been placed under national control in several countries in different regions of the world. The observer also noted that there was sufficient evidence showing that the abuse of ocfentanil constituted a public health and social problem and that its placement under international control was therefore warranted. It had no recorded therapeutic use and was a compound liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl that were included in Schedule I of the 1961 Convention as amended. The Expert Committee therefore recommended that ocfentanil be placed in Schedule I of the 1961 Convention as amended.

#### (c) Consideration of a proposal from the World Health Organization to place furanylfentanyl in Schedule I of the 1961 Convention as amended by the 1972 Protocol

37. The observer for WHO informed the Commission that furanylfentanyl (*N*-phenyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]furan-2-carboxamide) was an opioid that was structurally related to fentanyl and that produced the typical symptoms of opioid intoxication, including potentially fatal respiratory depression and loss of consciousness. The observer noted that, between 2015 and 2017, hundreds of deaths

[58] United Nations, *Treaty Series*, vol. 976, No. 14152.

and cases of serious intoxication associated with furanylfentanyl use had been reported by countries in Europe and North America. The observer also noted that there was sufficient evidence indicating that furanylfentanyl was being abused or was likely to be abused, thus constituting a public health and social problem that warranted its placement under international control. It had no recorded therapeutic use and was liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl that were included in Schedule I of the 1961 Convention as amended. The Expert Committee therefore recommended that furanylfentanyl be placed in Schedule I of the 1961 Convention as amended.

**(d) Consideration of a proposal from the World Health Organization to place acryloylfentanyl (acrylfentanyl) in Schedule I of the 1961 Convention as amended by the 1972 Protocol**

38. The observer for WHO informed the Commission that acryloylfentanyl (*N*-phenyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]prop-2-enamide) was an opioid that was structurally related to fentanyl and that produced the typical symptoms of opioid intoxication, including potentially fatal respiratory depression and loss of consciousness. The observer noted that there had been over 100 reported deaths associated with acryloylfentanyl use in Europe and North America. Acryloylfentanyl was under national control in a number of countries in different regions of the world and there was sufficient evidence indicating that it was being abused or was likely to be abused, thus constituting a public health and social problem that warranted its placement under international control. Acryloylfentanyl had no recorded therapeutic use and was liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl that were included in Schedule I of the 1961 Convention as amended. The Expert Committee therefore recommended that acryloylfentanyl be placed in Schedule I of the 1961 Convention as amended.

**(e) Consideration of a proposal from the World Health Organization to place 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF) in Schedule I of the 1961 Convention as amended by the 1972 Protocol**

39. The observer for WHO informed the Commission that 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF) (*N*-(4-fluorophenyl)-2-methyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]propanamide) was an opioid that was structurally related to fentanyl and that produced the typical symptoms of opioid intoxication, including potentially fatal respiratory depression and loss of consciousness. Two countries had reported deaths associated with the use of the substance, with one country having reported 62 overdose deaths in 2016 alone. The observer noted that there was sufficient evidence indicating that it was being abused or was likely to be abused, thus constituting a public health and social problem that warranted its placement under international control. The observer also noted that 4-fluoroisobutyrfentanyl had no recorded therapeutic use in humans and that it was a compound liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl that were included in Schedule I of the 1961 Convention as amended. The Expert Committee therefore recommended that 4-fluoroisobutyrfentanyl be placed in Schedule I of the 1961 Convention as amended.

**(f) Consideration of a proposal from the World Health Organization to place tetrahydrofuranylfentanyl (THF-F) in Schedule I of the 1961 Convention as amended by the 1972 Protocol**

40. The observer for WHO informed the Commission that tetrahydrofuranylfentanyl (THF-F) (*N*-phenyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]oxolane-2-carboxamide) was an opioid that was structurally related to fentanyl and that produced the typical symptoms of opioid intoxication, including potentially fatal respiratory depression and loss of consciousness. A total of 16 deaths due to exposure to tetrahydrofuranylfentanyl were reported in 2016 and 2017. The observer noted that a number of countries in different regions had placed tetrahydrofuranylfentanyl under

national control. The observer also noted that there was sufficient evidence indicating that it was being abused or was likely to be abused, thus constituting a public health and social problem that warranted its placement under international control. Tetrahydrofuranylfentanyl had no recorded therapeutic use and was liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl that were included in Schedule I of the 1961 Convention as amended. The Expert Committee therefore recommended that tetrahydrofuranylfentanyl be placed in Schedule I of the 1961 Convention as amended.

### (g) Consideration of a proposal from the World Health Organization to place AB-CHMINACA in Schedule II of the Convention on Psychotropic Substances of 1971

41. The observer for WHO informed the Commission that AB-CHMINACA (*N*-[(2*S*)-1-amino-3-methyl-1-oxobutan-2-yl]-1-(cyclohexylmethyl)-1*H*-indazole-3-carboxamide) was a synthetic cannabinoid receptor agonist whose effects were consistent with those of other synthetic cannabinoid receptor agonists and included hallucinations, paranoia, confusion, fear and anxiety. AB-CHMINACA was more potent than tetrahydrocannabinol (THC), which was listed in Schedule II of the Convention on Psychotropic Substances of 1971.[39] The observer noted that, between 2014 and 2017, a total of 31 deaths due to exposure to AB-CHMINACA had been confirmed and reported, as were cases of acute intoxication, and that the substance had also been associated with impaired driving. AB-CHMINACA had been placed under national control in a number of countries in several regions. The Expert Committee considered that the degree of risk to public health and society associated with the abuse of AB-CHMINACA was substantial, that it had no recorded therapeutic use in humans and that it was liable to abuse and ill effects similar to the abuse and ill effects associated with other synthetic cannabinoid receptor agonists already included in Schedule II of the 1971 Convention. The Expert Committee therefore recommended that AB-CHMINACA be placed in Schedule II of the 1971 Convention.

### (h) Consideration of a proposal from the World Health Organization to place 5F-MDMB-PINACA (5F-ADB) in Schedule II of the Convention on Psychotropic Substances of 1971

42. The observer for WHO informed the Commission that 5F-MDMB-PINACA (also known as 5F-ADB) (methyl (2*S*)-2-{[1-(5-fluoropentyl)-1*H*-indazole-3-carbonyl]amino}-3,3-dimethylbutanoate) was a synthetic cannabinoid receptor agonist whose effects were consistent with those of other synthetic cannabinoid receptor agonists and included agitation, confusion and anxiety. 5F-MDMB-PINACA was more potent than THC, a substance that was listed in Schedule II of the 1971 Convention. The observer noted that, in 2016, 28 deaths and 35 cases of acute intoxication due to exposure to 5F-MDMB-PINACA, as well as cases of impaired driving involving 5F-MDMB-PINACA, had been confirmed and reported. The Expert Committee considered that the degree of risk to public health and society associated with the abuse of 5F-MDMB-PINACA was substantial, that it had no recorded therapeutic use and that it was liable to abuse and ill effects similar to the abuse and ill effects associated with other synthetic cannabinoid receptor agonists already included in Schedule II of the 1971 Convention. The Expert Committee therefore recommended that 5F-MDMB-PINACA be placed in Schedule II of the 1971 Convention.

[39] Ibid., vol. 1019, No. 14956.

**(i) Consideration of a proposal from the World Health Organization to place AB-PINACA in Schedule II of the Convention on Psychotropic Substances of 1971**

43. The observer for WHO informed the Commission that AB-PINACA (*N*-[(2*S*)-1-amino-3-methyl-1-oxobutan-2-yl]-1-pentyl-1*H*-indazole-3-carboxamide) was a synthetic cannabinoid receptor agonist whose effects were consistent with those of other synthetic cannabinoid receptor agonists and included loss of consciousness, convulsions and death. AB-PINACA was more potent than THC, which was listed in Schedule II of the 1971 Convention and had been implicated in cases of impaired driving. The Committee considered that the degree of risk to public health and society associated with the abuse of AB-PINACA was substantial. The Expert Committee recognized that AB-PINACA had no recorded therapeutic use and that it was liable to abuse and ill effects similar to the abuse and ill effects associated with other synthetic cannabinoid receptor agonists included in Schedule II of the 1971 Convention. The Expert Committee therefore recommended that AB-PINACA be placed in Schedule II of the 1971 Convention.

**(j) Consideration of a proposal from the World Health Organization to place UR-144 in Schedule II of the Convention on Psychotropic Substances of 1971**

44. The observer for WHO informed the Commission that UR-144 (1-pentyl-1*H*-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl) methanone) was a synthetic cannabinoid receptor agonist whose effects were consistent with those of other synthetic cannabinoid receptor agonists and included tachycardia, seizures and agitation. UR-144 was more potent than THC, which was listed in Schedule II of the 1971 Convention, and had been associated with cases of impaired driving. The observer noted that numerous countries had brought UR-144 under national control. The Expert Committee considered that the degree of risk to public health and society associated with the abuse of UR-144 was substantial and recognized that it had no recorded therapeutic use and was liable to abuse and ill effects similar to the abuse and ill effects associated with other synthetic cannabinoid receptor agonists included in Schedule II of the 1971 Convention. The Expert Committee therefore recommended that UR-144 be placed in Schedule II of the 1971 Convention.

**(k) Consideration of a proposal from the World Health Organization to place 5F-PB-22 in Schedule II of the Convention on Psychotropic Substances of 1971**

45. The observer for WHO informed the Commission that 5F-PB-22 (quinolin-8-yl 1-(5-fluoropentyl)-1*H*-indole-3-carboxylate) was a synthetic cannabinoid receptor agonist whose effects were consistent with those of other synthetic cannabinoid receptor agonists and included seizures, cardiac toxicity, agitation and loss of consciousness. 5F-PB-22 was more potent than THC, which was included in Schedule II of the 1971 Convention. The observer noted that, since 2013, cases of fatal and non-fatal intoxication associated with the use of 5F-PB-22 had been reported by countries in Europe and North America and that there had also been cases of driving under the influence of 5F-PB-22. The Expert Committee considered that the degree of risk to public health and society associated with the abuse of 5F-PB-22 was substantial and that the substance had no recorded therapeutic use, and recognized that 5F-PB-22 was liable to abuse and ill effects similar to the abuse and ill effects associated with other synthetic cannabinoid receptor agonists in Schedule II of the 1971 Convention. The Expert Committee therefore recommended that 5F-PB-22 be placed in Schedule II of the 1971 Convention.

**(l) Consideration of a proposal from the World Health Organization to place 4-fluoroamphetamine (4-FA) in Schedule II of the Convention on Psychotropic Substances of 1971**

46. The observer for WHO informed the Commission that 4-FA (also known as 4-fluoroamphetamine) (1-(4-fluorophenyl)propan-2-amine) was a derivative of

amphetamine, which was included in Schedule II of the 1971 Convention. The observer noted that both fatal and non-fatal intoxications involving the substance had been recorded and that the clinical features associated with 4-FA intoxication were similar to those of amphetamine and methamphetamine and included agitation, tachycardia, hypertension, cardiovascular toxicity and cerebrovascular complications. The Expert Committee considered that the degree of risk to public health and society associated with the abuse of 4-FA was substantial, noted that 4-FA had no recorded therapeutic use and recognized that 4-FA was liable to abuse and ill effects similar to the abuse and ill effects associated with substances included in Schedule II of the 1971 Convention. The Expert Committee therefore recommended that 4-FA be placed in Schedule II of the 1971 Convention.

47. A number of speakers took the floor following the adoption by the Commission of its decisions on scheduling.

48. The speakers referred to their countries' efforts to place narcotic drugs and psychotropic substances under national control. One speaker referred to the initial review carried out by WHO of the scientific evidence available on cannabidiol and to the conclusion of WHO that the current information did not warrant its scheduling. The speaker noted that, although all cannabis products were prohibited in her country, her Government was considering changes to its regulatory framework to reduce the legal barriers to the medical use of cannabidiol and would take into consideration the recommendations of the WHO Expert Committee and UNODC when reviewing its related law and regulations.

49. One speaker referred to his Government's agreement with the scheduling recommendations made by WHO concerning the 12 substances. Most of those substances had already been placed under national control in his country, whereas placement of the remaining substances was subject to the implementation of domestic legal procedures. The speaker called on major consumer countries to increase their efforts in the areas of anti-drug education and drug abuse prevention in order to reduce the demand for and the abuse and consumption of opioids and new psychoactive substances, and recommended that relevant countries enhance the sharing of testing equipment and identification technologies and the exchange of information on the latest trends related to opioids and new psychoactive substances, and share samples of newly discovered substances.

50. One speaker stressed the essential role of WHO in advancing international efforts to address the emergence of new dangerous substances and expressed his Government's appreciation to the members of the Commission for voting to place carfentanil under international control. The speaker also referred to the serious threat posed by the availability of synthetic opioids on the Internet.

51. One speaker expressed her Government's position regarding safe drug consumption rooms, which, in her Government's view, were part of a holistic approach to reducing drug demand. In that regard, the speaker referred to the views expressed by INCB in its annual report for 2016 and encouraged the Board to be more transparent in its engagement with Member States. The speaker also welcomed the placement under international control of six fentanyl analogues.

52. Another speaker expressed his Government's support for the scheduling decisions taken by the Commission at its sixty-first session. He stressed that the threat of harms to health posed by new psychoactive substances was a key challenge confronting the international community and that meeting that challenge required a balanced and evidence-based approach, which included the improved collection and exchange of data. The speaker expressed appreciation to UNODC, INCB and WHO for their enhanced inter-agency cooperation and engagement. The speaker also referred to the coordination efforts of the international action group on new psychoactive substances.

## 2. Challenges and future work of the Commission on Narcotic Drugs and the World Health Organization in the review of substances for possible scheduling recommendations

53. Several speakers expressed their support for and commended the effective and close collaboration between UNODC and WHO in surveilling and collecting data on new psychoactive substances for the purpose of informing the Commission's decisions on placement of substances under international control. Another speaker expressed the view that the international community should enhance its cooperation in preventing the abuse and illicit manufacture of fentanyl analogues and synthetic cannabinoids, which were extremely dangerous substances and which had been placed under international control at the sixty-first session of the Commission.

54. Speakers highlighted the importance of enhancing the exchange of information among Member States and international organizations on a range of topics related to new psychoactive substances, including newly identified substances, national measures, scientific expertise and research data, including on the toxicity of new psychoactive substances and other relevant information for health alerts. One speaker noted the increasing use of the Internet and national and international courier mail services for the purchase and delivery of new psychoactive substances. The same speaker stressed the importance of future collaboration among Member States to address those issues.

55. One speaker noted that the abuse of ketamine posed a threat to public health and social stability and that its abuse and illicit manufacture had become a problem in some regions, in particular Asia. The speaker also noted that his Government continued to focus on the international scheduling of ketamine in view of Commission resolution 57/9 and stood ready to cooperate and communicate with the relevant international organizations and concerned countries in joint efforts to collect information on ketamine abuse. Furthermore, the speaker requested that the Commission enhance its coordination with WHO in intensifying the collection of relevant data, expressed support for the positive contributions made by WHO in that regard within its mandate and expressed hope that WHO would share the results of the questionnaire on ketamine with Member States at the appropriate time.

## 3. International Narcotics Control Board

56. Several speakers expressed their appreciation for the work of INCB and highlighted its key role in monitoring treaty compliance and in assisting Member States in implementing balanced drug policies to address the ever-evolving challenges that Governments face. Several speakers expressed appreciation to INCB for the release of its annual report for 2017 and for including in that report a thematic chapter on treatment, rehabilitation and social reintegration for drug use disorders. In addition, those speakers welcomed the fact that the Board had also emphasized that successful and sustainable drug control action needed to be consistent with international human rights standards. A number of speakers also encouraged civil society and all other relevant stakeholders to participate in the formulation, development and implementation of drug policies at all levels. A number of speakers encouraged States that retained the death penalty to consider abolishing it for drug-related offences and reminded States that extrajudicial killings were contrary to the international drug control treaties.

57. One speaker, while expressing his Government's support for the work of the Board, expressed hope that it would focus on its functions and responsibilities enshrined in the international drug control conventions and adopt a more unequivocal position on the issue of the legalization of drugs. Another speaker noted that in order for drug control to be effective, it was important to achieve a balance between drug demand and supply reduction measures consistent with the international drug control treaties.

58. Another speaker expressed his Government's support for the concern expressed by INCB regarding the medical use of cannabinoids, the legalization of cannabis for non-medical purposes and drug consumption rooms. A further speaker expressed his Government's support for a balanced approach under which generalizations about drug consumption rooms should be avoided and could be consistent with the international drug control treaties. Some speakers highlighted the need for the scientific testing, validation, authorization and certification of medical products containing cannabinoids before they are approved for medical use.

59. Concern was expressed about the increase in the numbers of new psychoactive substances and the increasing diversion of precursor chemicals used to produce them. Several speakers expressed satisfaction with the work of the Board in facilitating the cooperation and collaboration among Member States to address the increasing diversion of precursor chemicals.

60. Other speakers referred to the balanced approach to drug control and welcomed the focus on treatment, rehabilitation and social reintegration for drug use disorders in the thematic chapter of the INCB report for 2017. They recognized, in particular, the need for evidence-informed and rights-based and voluntary treatment services.

61. A number of speakers made comments regarding various parts of the INCB report for 2017 and expressed concern about the sources used for the information included in that report, with some speakers noting that only official data should be used in the future in order to ensure transparency and accountability. Some speakers expressed their countries' positions on various issues discussed in the report.

### 4. International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion

62. Appreciation was expressed for the work carried out by UNODC, INCB and WHO and the work of the Commission in ensuring the adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion, abuse and trafficking, as outlined in the outcome document of the special session of the General Assembly on the world drug problem held in 2016 and its specific operational recommendations in that area. Concern was expressed regarding the global disparity in the levels of availability and Member States were encouraged to implement relevant policies in that regard. Reference was also made to the fact that the importance of access to medicines and quality of medicines was recognized in the Sustainable Development Goals. Several speakers described the specific measures taken by their Governments to address this issue. One speaker noted that a holistic, comprehensive, science-based strategy would help countries in ensuring that patients living with pain could receive high-quality, evidence-based pain relief while also reducing the abuse and inappropriate use of opioids and overdoses from them.

63. A number of speakers expressed the view that the international community, while focusing on the insufficient availability of controlled narcotic drugs and psychotropic substances in some countries, should also focus on preventing their diversion, abuse and trafficking. Speakers also expressed the hope that the Commission, UNODC and INCB would continue to support countries in addressing those problems in the light of national conditions in order to strike a policy balance between control and availability.

64. Some speakers made reference to the challenges posed by amphetamine-type stimulants, new psychoactive substances and precursors, and the measures taken at the national level to address them. They mentioned the utility of the Precursors Incident Communication System, the Project Ion Incident Communication System, Pre-Export Notification Online (PEN Online) and the global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) programme. Several speakers highlighted the importance of the relevant international drug control treaties, the utility of the technical expertise of UNODC, INCB and WHO in addressing this issue and the

importance of international cooperation in addressing the world drug problem on the basis of common and shared responsibility.

### 5. Other matters arising from the international drug control treaties

65. Reference was made to the importance of the three international drug control conventions and to the need to address the continuing and evolving challenges in accordance with those conventions and in line with the principle of common and shared responsibility, while taking into account national priorities and needs.

66. One speaker noted that, in the design of drug policies, Governments should take into account the Sustainable Development Goals and consider the best way to address pressing socioeconomic issues such as unemployment and social marginalization. The speaker also noted that fostering inclusive economic growth, promoting initiatives that contributed to poverty eradication and sustainable development, improving rural development and infrastructure, as well as inclusion and social protection were crucial. In addition, reference was made to the need to consider the impact of illicit crops on the environment. The need to promote alternative development, including preventive alternative development was highlighted by that speaker.

67. One speaker referred to the challenges posed by new psychoactive substances. She mentioned the commitment of her Government to fully implement timely, science-based regulatory measures to tackle the issue. She commended the work done by UNODC, INCB and WHO in supporting the activities of the Commission.

## B. Action taken by the Commission

68. At its 6th meeting, on 14 March 2018, the Commission on Narcotic Drugs decided to include carfentanil in Schedules I and IV of the 1961 Convention as amended by the 1972 Protocol. (For the text of the decision, see chap. I, sect. B, decision 61/1.)

69. At the same meeting, the Commission on Narcotic Drugs decided to include ocfentanil in Schedule I of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. B, decision 61/2.)

70. At the same meeting, the Commission on Narcotic Drugs decided to include furanylfentanyl in Schedule I of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. B, decision 61/3.)

71. At the same meeting, the Commission on Narcotic Drugs decided to include acryloylfentanyl (acrylfentanyl) in Schedule I of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. B, decision 61/4.)

72. At the same meeting, the Commission on Narcotic Drugs decided to include 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF) in Schedule I of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. B, decision 61/5.)

73. At the same meeting, the Commission on Narcotic Drugs decided to include tetrahydrofuranylfentanyl (THF-F) in Schedule I of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. B, decision 61/6.)

74. Also at that meeting, the Commission decided by 47 votes to none, with no abstentions, to include AB-CHMINACA in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 61/7.)

75. At the same meeting, the Commission decided by 47 votes to none, with no abstentions, to include 5F-MDMB-PINACA (5F-ADB) in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 61/8.)

76. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include AB-PINACA in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 61/9.)

77. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include UR-144 in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 61/10.)

78. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include 5F-PB-22 in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 61/11.)

79. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include 4-fluoroamphetamine (4-FA) in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. B, decision 61/12.)

80. At its 11th meeting, on 16 March 2018, the Commission adopted a revised draft resolution (E/CN.7/2018/L.5/Rev.1) sponsored by Andorra, Austria (on behalf of the States Members of the United Nations that are members of the European Union), Brazil, Honduras, Norway, Paraguay, Peru and the United States. (For the text, see chap. I, sect. B, resolution 61/3.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat read out a financial statement. (For the text, see E/CN.7/2018/CRP.9, available on the UNODC website (www.unodc.org).)

# Chapter V

## Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

81. At its 6th and 7th meetings, on 14 March 2018, the Commission considered agenda item 6, which read as follows:

> "Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem:
>
> (a) Demand reduction and related measures;
>
> (b) Supply reduction and related measures;
>
> (c) Countering money-laundering and promoting judicial cooperation to enhance international cooperation."

82. For its consideration of item 6, the Commission had before it the following:

(a) Report of the Executive Director on the activities of the United Nations Office on Drugs and Crime (E/CN.7/2018/2-E/CN.15/2018/2);

(b) Report of the Secretariat on the world situation with regard to drug abuse (E/CN.7/2018/4);

(c) Report of the Secretariat on the world situation with regard to drug trafficking (E/CN.7/2018/5);

(d) Report of the Executive Director on action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (E/CN.7/2018/6);

(e) Note by the Secretariat on promoting coordination and alignment of decisions between the Commission on Narcotic Drugs and the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (E/CN.7/2018/7);

(f) Report of the Executive Director on responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users (E/CN.7/2018/8);

(g) Report of the Secretariat on strengthening international cooperation in combating illicit opiates originating in Afghanistan through continuous and reinforced support to the Paris Pact initiative (E/CN.7/2018/11);

(h) Conference room paper on expert consultations on improving drug statistics and strengthening the annual report questionnaire held from 29 to 31 January 2018 (E/CN.7/2018/CRP.2).

83. Introductory statements were made by the Chief of the Research and Trend Analysis Branch, the Chief of the Drug Prevention and Health Branch, the Chief of the Organized Crime and Illicit Trafficking Branch, the Paris Pact Coordinator and a representative of the Sustainable Livelihoods Unit of UNODC.

84. A representative of the scientific community made a statement. The Commission also viewed a video message by a representative of the scientific community. A statement was made by representatives of the UNODC Youth Forum.

85. Statements were made by the representatives of the Sudan, Croatia, Japan, Colombia, China, South Africa, Canada, the Republic of Korea, Thailand, Algeria, Mexico, Switzerland, the United States and El Salvador.

86. Statements were also made by the observers for Zambia, Namibia, Malaysia, Turkey, Nigeria, Morocco, Serbia, Indonesia and Egypt.

87. The observer for the State of Palestine made a statement.

88. The observers for the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Development Programme made statements.

89. A statement was made by the observer for the International Federation of Red Cross and Red Crescent Societies.

90. Statements were made by the observers for Asociación Proyecto Hombre, the International Harm Reduction Association, the International Drug Policy Consortium and the Community Alliances for Drug Free Youth.

## A. Deliberations

91. Several speakers reaffirmed their countries' commitment to the three international drug control conventions and to the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,[60] the Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action,[61] and the outcome document of the special session of the General Assembly on the world drug problem held in 2016. Several speakers noted that those three documents were complementary and mutually reinforcing and that future action should be in furtherance of the goals and objectives of the three international drug control conventions.

92. Several speakers highlighted the importance of the outcome document of the special session and expressed their commitment to continuing to address the world drug problem in a balanced, integrated and comprehensive manner, including by strengthening cooperation on the basis of common and shared responsibility. The importance of an approach that balanced demand and supply reduction efforts was highlighted, as was the need to take into account the new realities faced by the international community.

93. It was noted that the outcome document of the special session provided a basis for enhancing the capacities of regional and subregional organizations to assist Member States in fulfilling the targets and goals set out in the Political Declaration and Plan of Action. A number of speakers referred to the achievements made by their Governments in achieving those targets and goals and, in that regard, reference was made by some speakers to the need to extend the target date beyond 2019. A number of speakers referred to the relevance of the 2030 Agenda for Sustainable Development[62] in addressing the world drug problem.

94. A number of speakers welcomed the report of the Executive Director on the action taken by Member States to implement the Political Declaration and Plan of Action. Reference was made by several speakers to the remaining challenges and obstacles with regard to implementing the goals and objectives and, in that regard, it was noted by one speaker that the data should be complemented by an impact analysis.

95. One speaker noted that an assessment of the achievements made by 2019 would show that the international community had not been able to curtail drug production and consumption and that unrealistic targets should be avoided. The speaker noted that, accordingly, no countries should be assessed on the basis of levels of illicit cultivation and acreage, as that would be inaccurate.

[60] See *Official Records of the Economic and Social Council, 2009, Supplement No. 8* (E/2009/28), chap. I, sect. C.

[61] Ibid., *2014, Supplement No. 8* (E/2014/28), chap. I, sect. C.

[62] General Assembly resolution 70/1.

96. Several speakers highlighted the need for continued efforts to enhance collaboration and coordination between relevant United Nations agencies, within their respective mandates, in their efforts to address and counter the world drug problem.

97. The international community was called upon to cooperate and counter the increase in drug trafficking, and UNODC was called upon to assist States in that regard by providing technical assistance and capacity-building support.

98. A number of speakers referred to the goal of their Governments of achieving a society free from drug abuse and referred to their zero-tolerance approach to drug trafficking and manufacturing. One speaker noted that the same strategies were not applicable to all countries and that the actual drug situation, as well as social and cultural factors, should be taken into account in that regard.

99. Support was expressed by a number of speakers for the efforts of the international community, as well as those of the Commission, in working towards improving public health services while maintaining the highest human rights standards.

### 1. Demand reduction and related measures

100. Many speakers emphasized the need for comprehensive, balanced and integrated approaches to demand reduction, and reported on efforts to enhance cooperation among health, education, law enforcement and other stakeholders in implementing health- and human rights-centred interventions. Reference was made to the provisions relating to drug demand reduction contained in the outcome document of the special session, as well as to the 2030 Agenda for Sustainable Development.

101. The need for community-level interventions to respond effectively to the opioid epidemic and the need to provide treatment as an alternative to incarceration were raised. Reference was made to prevention activities based on education, family and community; such activities included the use of online media platforms and awareness-raising campaigns. The importance of pharmacological and psychosocial treatment and the provision of gender-sensitive services was underlined. Ongoing efforts to train relevant service providers and measures taken to strengthen data on drug use and health consequences were also emphasized.

102. Several speakers welcomed initiatives to improve the quality of drug use prevention and treatment, including with reference to relevant standards published by UNODC and WHO. One speaker expressed his Government's concern that the *International Standards for the Treatment of Drug Use Disorders* did not include references to heroin-assisted treatment programmes.

103. Some speakers referred to the implementation of harm reduction interventions as part of comprehensive, evidence-based public health measures to effectively reduce the transmission of HIV and hepatitis among people who use drugs. Other speakers noted that harm reduction interventions should not be recommended to all countries.

104. One speaker stressed that unilateral approaches to demand reduction, such as the legalization of cannabis, should be avoided in view of the impact that such measures had on neighbouring countries and regions.

105. The importance of gender mainstreaming was also stressed, including in prisons, as was close coordination and collaboration among the criminal justice, health, social and other sectors and with civil society for the delivery of HIV prevention, treatment and care among people who use drugs.

106. Some speakers referred to the need to address the issue of the stigmatization of drug users and emphasized the importance of ensuring that interventions were tailored to women, while also taking into account cultural factors.

107. The need to promote international cooperation and technical assistance, including by UNODC and other relevant stakeholders, with a view to building the

capacity of experts in countries in different areas of demand reduction was emphasized by many speakers.

### 2. Supply reduction and related measures

108. Several speakers called for improved cooperation between national authorities and regional and international organizations. Closer cooperation between prosecutorial and law enforcement authorities and financial intelligence units was encouraged by several speakers. Many speakers underlined the need for real-time exchange of information and criminal intelligence and stressed the importance of multilateral joint operations to effectively counter drug trafficking and related matters. The need for effective measures to counteract the illicit cultivation, manufacture and distribution of drugs was highlighted by several speakers.

109. A number of speakers referred to the continued manufacture and proliferation of new psychoactive substances, as well as the serious threat posed by amphetamine-type stimulants in their countries and regions. Some speakers noted that the urgency of supply reduction efforts had been underlined by the high number of opioid-related overdoses and deaths. A number of speakers referred to the challenges posed by the increasing abuse of and trafficking in tramadol, which, in their view, should be placed under international control.

110. Reference was made to new patterns of drug manufacturing and trafficking and the need for national authorities to adopt innovative approaches in that regard. Reference was also made by some speakers to efforts to disrupt maritime drug trafficking. A number of speakers referred to the increasing use of postal and courier services by drug traffickers.

111. Reference was made by several speakers to the utility of the PEN Online system. Relevant national authorities were called upon to put in place measures to actively monitor and control the import, export and distribution of drug precursor chemicals in their countries and to work with private sector companies in that regard. Reference was also made to the utility of the early warning advisory system and Project Ion.

112. Several speakers provided information on efforts taken at the national level to counter drug trafficking, including dismantling criminal networks, carrying out seizures and confiscations and participating in joint investigations. Some speakers referred to the challenges posed by cannabis cultivation and trafficking in their countries.

113. It was noted that the United Nations Guiding Principles on Alternative Development,[63] together with commitments by Governments and other stakeholders, would result in more effective and sustainable alternative development programmes. A number of speakers referred to their efforts to strengthen their alternative development programmes, including preventive alternative development programmes, and to share lessons learned, best practices and expertise.

114. Speakers reaffirmed the need for integrated medium- and long-term strategies in the area of alternative development, calling for support from the international community and the opening of international markets to alternative development products.

### 3. Countering money-laundering and promoting judicial cooperation to enhance international cooperation

115. Several speakers referred to the link between drug trafficking and transnational organized crime and drew attention to the fact that it posed serious challenges in their countries. Several speakers stressed that increased and effective international cooperation, as well as enhanced cooperation and networks at the regional level, were needed in order to effectively address the world drug problem and address factors that undermined security, health and the socioeconomic well-being of people. The need to

[63] General Assembly resolution 68/196, annex.

establish viable cooperation networks and the important role of UNODC and the Commission in that regard was stressed. A number of speakers referred to the bilateral cooperation agreements that their countries had concluded.

116. Some speakers stressed that asset recovery remained a major challenge and highlighted the important role that asset recovery inter-agency networks, such as the Asset Recovery Inter-Agency Network for Southern Africa and the Asset Recovery Inter-Agency Network for Asia and the Pacific, played in capacity-building and asset management policies. Several speakers mentioned the importance of inter-agency collaboration to effectively combat drug trafficking, including money-laundering, and referred to the use of money-laundering by criminals engaged in drug trafficking, firearms trafficking, financial crime, terrorism and other forms of crime. In that regard, collaboration among the financial intelligence units of countries was stressed. The activities of the Financial Action Task Force were mentioned by some speakers.

117. Several speakers referred to the importance of judicial cooperation at the regional and subregional levels, including best practices and information-sharing. The need to further promote cooperation among UNODC and other relevant United Nations entities, international and regional organizations was highlighted by several speakers. Reference was made to the active engagement by Member States in various regional mechanisms.

118. A number of speakers cautioned that new technologies, such as cryptocurrencies, posed significant risks to their financial systems and said that collective efforts were required to combat them.

## B. Action taken by the Commission

119. At its 11th meeting, on 16 March 2018, the Commission adopted a revised draft resolution (E/CN.7/2018/L.8/Rev.1), as orally amended, sponsored by Australia, Brazil, Bulgaria (on behalf of the States Members of the United Nations that are members of the European Union), Colombia, Iraq, Liechtenstein, Switzerland, Turkey and the United States. (For the text, see chap. I, sect. B, resolution 61/5.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat read out a financial statement. (For the text, see E/CN.7/2018/CRP.9, available on the UNODC website.)

120. At the same meeting, the Commission adopted a revised draft resolution (E/CN.7/2018/L.9/Rev.1), sponsored by Bulgaria (on behalf of the States Members of the United Nations that are members of the European Union), Ecuador, Guatemala, Honduras, Indonesia, Japan, Morocco, Peru, the Philippines, the Russian Federation and Thailand. (For the text, see chap. I, sect. B, resolution 61/6.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat read out a financial statement. (For the text, see E/CN.7/2018/CRP.9, available on the UNODC website.)

121. At its 12th meeting, on 16 March 2018, the Commission adopted a draft resolution (E/CN.7/2018/L.2), as revised, sponsored by Belarus, Cuba, Honduras, Iraq, Nigeria, Peru, the Philippines, the Russian Federation and the Sudan. (For the text, see chap. I, sect. B, resolution 61/9.) Prior to the adoption of the draft resolution, as revised, a representative of the Secretariat read out a financial statement. (For the text, see E/CN.7/2018/CRP.9, available on the UNODC website.)

# Chapter VI

## Follow-up to the special session of the General Assembly on the world drug problem held in 2016, including the seven thematic areas of the outcome document of the special session

122. At its 9th and 10th meetings, on 15 and 16 March 2018, the Commission considered agenda item 7, entitled "Follow-up to the special session of the General Assembly on the world drug problem held in 2016, including the seven thematic areas of the outcome document of the special session".

123. For its deliberations the Commission had before it the following:

(a) Outcome document of the thirtieth special session of the General Assembly on the world drug problem, entitled "Our joint commitment to effectively addressing and countering the world drug problem" (General Assembly resolution S-30/1, annex);

(b) Conference room paper containing remarks made by the post-special session facilitator of the Commission on Narcotic Drugs on the third round of thematic discussions held from September to November 2017, on the follow-up to the special session (E/CN.7/2018/CRP.1).

124. An introductory statement was made by the post-special session facilitator, and an audio-visual presentation was made by the Secretary of the Commission.

125. A statement was made by the observer for Bulgaria (on behalf of the States Members of the United Nations that are members of the European Union, as well as Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, the Republic of Moldova, Serbia, Turkey and the Former Yugoslav Republic of Macedonia).

126. Statements were also made by the representatives of Japan, South Africa, Burkina Faso, the United States, China, Thailand, Colombia, El Salvador, the Republic of Korea, Algeria, Belgium, Mexico and Canada.

127. Statements were made by the observers for the Plurinational State of Bolivia and Indonesia.

128. A statement was made by the observer for the Office of the United Nations High Commissioner for Human Rights. Statements were also made by the observers for IOGT International, Campaign for Development and Solidarity (FORUT) and the World Federation against Drugs.

### A. Deliberations

129. Many speakers welcomed the adoption of the outcome document of the thirtieth special session of the General Assembly in 2016, and noted that it represented a milestone and a step forward in the discussions on international drug policy, and a number of speakers highlighted in that regard, inter alia, the inclusion of a dedicated chapter on drugs and human rights and a chapter on ensuring the availability of and access to controlled substances for medical and scientific purposes. Many speakers reiterated their strong commitment to the practical implementation of the more than 100 operational recommendations in the seven thematic chapters, which constituted a comprehensive, integrated and balanced approach to addressing and countering the world drug problem.

130. A number of speakers underscored that the efforts of the international community in the lead-up to the 2019 target date identified in the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, and beyond should be

focused on the practical implementation of the operational recommendations contained in the outcome document of the thirtieth special session of the General Assembly, which represented the most recent consensus and provided a balanced and comprehensive guide for the international community's efforts to address and counter the world drug problem. It was reiterated that the Political Declaration and Plan of Action, the 2014 Joint Ministerial Statement and the outcome document of the thirtieth special session of the General Assembly were complementary and mutually reinforcing, and that the implementation of the recommendations contained in the outcome document would support the implementation of the targets set out in the 2009 Political Declaration and Plan of Action.

131. A number of speakers reiterated their commitment to the effective implementation of the three international drug control conventions, with several speakers underscoring that those conventions, alongside other international instruments, constituted the cornerstone of the international drug control system. Some speakers further highlighted that the fundamental goal of the three international drug control conventions was to ensure the health, safety and well-being of all humanity.

132. A number of speakers highlighted the importance of addressing and countering the world drug problem in full conformity with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights,[54] with some speakers underlining the importance of sovereignty and territorial integrity of States and the principle of non-intervention. Some speakers also underlined the importance of taking into account the different circumstances and challenges encountered by Member States in their efforts to address and counter the world drug problem.

133. Many speakers reaffirmed the leading role of the Commission on Narcotic Drugs as the central policymaking body in the United Nations system for drug-related matters. Furthermore, several speakers highlighted the important role played by all relevant United Nations entities, in particular UNODC, WHO and INCB. A number of speakers expressed appreciation for the work of UNODC, including for providing technical assistance to requesting Member States in addressing and countering the world drug problem. In that regard, several speakers underscored the importance of mobilizing adequate resources to support requesting Member States, inter alia, through the provision of specialized, targeted, effective and sustainable technical assistance based on the principle of common and shared responsibility.

134. A number of speakers reiterated their commitment to actively promoting a society free of drug abuse and expressed concern regarding the deregulation or legalization of certain substances in some regions of the world as that would be contrary to the spirit of the three international drug control conventions.

135. Some speakers noted that there was no one-size-fits-all solution, and in that connection, shared information on national initiatives aimed at implementing the operational recommendations contained in the outcome document of the thirtieth special session of the General Assembly in line with the international drug control conventions, which allowed for sufficient flexibility to accommodate different approaches.

136. It was stressed that the world drug problem remained a common and shared responsibility, one that required an approach in which human beings were the centre of policies and programmes, and that needed to be addressed in a multilateral setting through effective and increased international cooperation. Reference was made to national efforts to implement the operational recommendations under all seven thematic chapters of the outcome document of the thirtieth special session of the General Assembly, which included the organization of UNODC workshops aimed at furthering the national implementation of the operational recommendations.

[54] General Assembly resolution 217 A (III).

including through strengthened inter-institutional cooperation among relevant national authorities.

137. Appreciation was expressed for the three rounds of thematic discussions the Commission had held during its intersessional meetings since October 2016, which had been chaired by the post-special session facilitator of the Commission on Narcotic Drugs. Furthermore, reference was made to Commission resolution 60/1, entitled "Preparations for the sixty-second session of the Commission on Narcotic Drugs in 2019", in which the Commission decided to continue the follow-up process in support of the implementation of the operational recommendations contained in the outcome document of the thirtieth special session of the General Assembly during its intersessional period. Several speakers encouraged the Commission to continue its thorough follow-up process, including through thematic discussions focused on the sharing of experiences and lessons learned and concrete activities in support of furthering the practical implementation of the operational recommendations. Some speakers encouraged Member States to share, through the Secretariat, information on national implementation efforts.

138. The need to implement a comprehensive and balanced approach was stressed, and the importance of targeted prevention through education, training, awareness-raising and capacity-building was highlighted. Several speakers underscored the need to focus on implementing effective and practical measures and policies that targeted, in particular, the most vulnerable members of society, including women, children and youth. The importance of ensuring non-discriminatory access to prevention, treatment, care and rehabilitation programmes, including community-based programmes, for recovery and social reintegration of individuals with substance use disorders, taking into account the special needs of women and children, was also underlined.

139. The inclusion, in the outcome document of the thirtieth special session of the General Assembly, of a dedicated chapter on the availability of and access to controlled substances for medical and scientific purposes, while preventing their diversion, was welcomed, and in that connection, some speakers reported on national efforts to ensure that domestic legislation and regulatory and administrative mechanisms and procedures supported the availability of and access to controlled substances for medical and scientific purposes, including for the relief of pain and suffering, while preventing their diversion. The importance of increased international cooperation and the provision of capacity-building, technical assistance and targeted training for health professionals and competent national authorities was also emphasized.

140. Information was shared on national drug demand reduction efforts, including the implementation of measures aimed at minimizing the adverse consequences of drug abuse, which needed to be part of a comprehensive package of measures that included prevention, early intervention, treatment, social reintegration, rehabilitation, harm reduction and recovery measures, to prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, including in prison settings.

141. Speakers underlined the importance of promoting training programmes and strengthening the exchange of information and intelligence among law enforcement and border control agencies, as well as the importance of joint investigations related to the trafficking in narcotic drugs. The increased use of postal services for the trafficking of illicit substances was mentioned as a major challenge, in particular with regard to opioids and their derivatives. In that connection, a number of speakers expressed support for UNODC programmes, including the UNODC-World Customs Organization (WCO), the global Container Control Programme, the Airport Communication Project (AIRCOP) and the global programme on strengthening of criminal investigation and criminal justice along the cocaine route in Latin America, the Caribbean and West Africa (CRIMJUST).

142. Some speakers also underlined the importance of addressing links between drug trafficking, corruption, money-laundering and, in some cases, terrorism and other forms of organized crime.

143. The importance of implementing the operational recommendations on proportionate and effective policies on and responses to drug-related offences was emphasized, and a number of speakers shared information on national initiatives to implement alternatives to incarceration, focusing on, inter alia, treatment, education, aftercare, rehabilitation and social reintegration, for appropriate cases of drug-related offences of a minor nature, taking into consideration socioeconomic factors. Some speakers highlighted the importance of mainstreaming a gender perspective into drug policies and programmes, and reported on national good practices in implementing the respective operational recommendations.

144. Speakers highlighted the importance of promoting enhanced data collection and information- and intelligence-sharing, including through the use of early warning systems such as the UNODC global SMART programme, as well as ensuring an informed and timely response to existing and emerging challenges, such as new psychoactive substances.

145. Underscoring the importance of data collection and sharing, several speakers welcomed the expert consultations organized by UNODC in January 2018 focused on improving drug statistics and streamlining and strengthening the annual report questionnaire. Some speakers underscored the importance of ensuring a balanced approach to improving the questionnaire, in line with the three international drug control conventions, as well as the political commitments made in the 2009 Political Declaration and Plan of Action, the 2014 Joint Ministerial Statement and the outcome document of the thirtieth special session of the General Assembly.

146. The importance of comprehensive monitoring tools and mechanisms was underlined, and Member States were encouraged to make use of existing UNODC and INCB tools, as well as to promote indicators, with a view to measuring the effectiveness of policies.

147. Speakers underlined the need for a joint response to the opioid crisis, to be coordinated at the international level, and some speakers stressed the need to address the growing challenge of non-medical use and misuse of pharmaceuticals.

148. Some speakers highlighted the challenges and opportunities related to the use of the Internet for licit and illicit drug-related activities. Mention was made of the role of the darknet as a facilitator of drug-related criminal activities, including the illicit trade in drugs, and it was highlighted that there was a need to prevent and counter such drug-related criminal activities through data collection, analysis of evidence and sharing of information and intelligence, as well as awareness-raising activities.

149. Support was expressed for the inclusion of alternative development strategies in national drug control policies that focused on a broader development perspective and that were in line with the 2030 Agenda for Sustainable Development. Speakers underscored the importance of advancing sustainable alternative development initiatives in rural and urban areas and promoting viable economic alternatives for communities affected by illicit drug-related activities.

## B. Action taken by the Commission

150. At its 11th meeting, on 16 March 2018, the Commission adopted a revised draft resolution (E/CN.7/2018/L.4/Rev.1), sponsored by Algeria, Andorra, Belarus, Bosnia and Herzegovina, China, Ecuador, El Salvador, Guatemala, Honduras, Indonesia, Iraq, Libya, Liechtenstein, Malaysia, Pakistan, Paraguay, Peru, the Philippines, Nigeria, the Russian Federation, Sri Lanka, Switzerland, Thailand and Viet Nam. (For the text, see chap. I, sect. B, resolution 61/2.) Prior to the adoption of the revised draft

resolution, a representative of the Secretariat read out a financial statement. (For the text, see E/CN.7/2018/CRP.9, available on the UNODC website.)

151. At the same meeting, the Commission adopted a revised draft resolution (E/CN.7/2018/L.7/Rev.1) sponsored by Andorra, Armenia, Australia, Austria, Belgium, Brazil, Canada, Colombia, Ecuador, Finland, France, Germany, Guatemala, Honduras, Kenya, the Netherlands, New Zealand, Nigeria, Norway, Portugal, Sweden, Switzerland and the United Kingdom. (For the text, see chap. I, sect. B, resolution 61/4.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat read out a financial statement. (For the text, see E/CN.7/2018/CRP.9, available on the UNODC website.)

152. Also at the same meeting, the Commission adopted a revised draft resolution (E/CN.7/2018/L.10/Rev.1) sponsored by Argentina, Australia, Bulgaria (on behalf of the States Members of the United Nations that are members of the European Union), Canada, Ecuador, Honduras, New Zealand, Norway, Switzerland and the United States. (For the text, see chap. I, sect. B, resolution 61/7.)

153. Also at the same meeting, the Commission adopted a revised draft resolution (E/CN.7/2018/L.6/Rev.1) sponsored by Belarus, Canada, Colombia, Egypt, Estonia, Finland, France, Honduras, Japan, Serbia, the United Kingdom and the United States. (For the text, see chap. I, sect. B, resolution 61/8.) Prior to the adoption of the revised draft resolution, a representative of the Secretariat read out a financial statement. (For the text, see E/CN.7/2018/CRP.9, available on the UNODC website.)

154. At its 12th meeting, on 16 March 2018, the Commission adopted a draft resolution (E/CN.7/2018/L.11), as revised, sponsored by Austria, Bolivia (Plurinational State of), Canada, Colombia, Finland, Germany, Honduras, Ireland, Italy, Kenya, Liechtenstein, the Netherlands, New Zealand, Nigeria, Norway, Peru, Portugal, Switzerland, the United Kingdom and Uruguay. (For the text, see chap. I, sect. B, resolution 61/11.) Prior to the adoption of the draft resolution, as revised, a representative of the Secretariat read out a financial statement. (For the text, see E/CN.7/2018/CRP.9, available on the UNODC website.) Upon the adoption of the draft resolution, the representative of Canada indicated that the draft resolution proposed by Canada and Uruguay had sought to engage Member States in taking concrete measures to address stigmatization, a problem that prevented people who use drugs from accessing health, care and social services. Some delegations had been unfamiliar with the subject, and the representative of Canada appreciated their concerns. There had been extensive discussions, and the representative of Canada was grateful for delegations' openness to negotiation. She was also pleased that the resolution had been adopted by consensus. The resolution constituted an important step forward in the collective effort to reduce the stigmatization of people who use drugs when seeking or accessing health, care and social services. Canada remained committed to continuing its work in the Commission to advance the international community's understanding of and engagement on the issue of stigmatization of people who use drugs. The representative of Uruguay noted the work and time invested by delegations on the draft resolution. It had been a challenging process that had enabled Member States to finally succeed in introducing the important subject of stigmatization of people who use drugs into the work of the Commission. Stigmatization impeded access of people who use drugs to social protection networks and exacerbated their health problems and social exclusion. The introduction of measures to counter stigmatization in drug-related programmes and services would contribute to the achievement of full respect for the human rights and dignity of people who use drugs. The representative of Colombia welcomed the initiative of Canada and Uruguay to bring the topic of stigmatization to the attention of the Commission and indicated that discrimination and stigmatization were also consequences of drug control policies. In line with the outcome document of the thirtieth special session of the General Assembly, Member States should counter stigmatizing behaviours that prevent the recovery of drug users. It was hoped that there would be more resolutions on that topic in the future.

# Chapter VII

## Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem

155. At its 10th meeting, on 16 March 2018, the Commission considered agenda item 8, entitled "Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem".

156. For its consideration of item 8, the Commission had before it a conference room paper by the Secretariat on inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem (E/CN.7/2018/CRP.7).

157. An introductory statement was made by the Director of the Division for Treaty Affairs of UNODC.

158. A statement was made by the observer for Bulgaria on behalf of the European Union and its member States and Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, Norway, the Republic of Moldova, San Marino, Serbia, the Former Yugoslav Republic of Macedonia, Turkey and Ukraine.

159. Statements were also made by the representatives of the Russian Federation, Thailand, the Republic of Korea and the United States.

### Deliberations

160. A number of speakers underlined the importance of cooperation among all relevant stakeholders, including United Nations entities and civil society, with a view to effectively implementing the operational recommendations contained in the outcome document of the thirtieth special session of the General Assembly. Several delegations reaffirmed the leading role of the Commission on Narcotic Drugs as the main policymaking body of the United Nations with the primary responsibility for drug control matters, including with a view to facilitating increased coordination and cooperation to reinforce efforts to address and counter the world drug problem.

161. It was underscored that the United Nations represented a unique mechanism that brought together all relevant stakeholders. A number of speakers expressed appreciation for the efforts of UNODC as the leading entity in the United Nations system working to address and counter the world drug problem, and reaffirmed the important roles of WHO and INCB.

162. Several speakers encouraged UNODC to continue to enhance its cooperation with other relevant United Nations entities, in line with Commission resolution 60/6, including with a view to supporting Member States in the implementation of the operational recommendations contained in the seven thematic chapters of the outcome document of the thirtieth special session of the General Assembly.

163. Several delegations reiterated that efforts to achieve the Sustainable Development Goals and efforts to effectively address and counter the world drug problem were complementary and mutually reinforcing, and called upon the Commission to ensure that its work was integrated with the 2030 Agenda for Sustainable Development. In that regard, reference was also made to the reform agenda of the Secretary-General.

164. Some speakers welcomed the conclusion of memorandums of understanding among relevant stakeholders with a view to supporting Member States in effectively addressing and countering the world drug problem. In that regard, satisfaction was expressed for the memorandum of understanding signed by UNODC and WHO in 2017, which was an example of the strengthened inter-agency coordination envisioned in the outcome document of the thirtieth special session of the General Assembly. Speakers also called for the accelerated implementation of the provisions

of that memorandum of understanding and in that regard encouraged joint meetings on specific topics with relevant United Nations entities on the margins of future sessions of the Commission.

165. Several speakers reported on national and regional efforts to enhance cooperation and collaboration and highlighted the need for international cooperation within the framework of the three international drug control conventions and the principle of common and shared responsibility.

166. A number of speakers underscored the importance of ensuring timely and effective responses to persistent, new and emerging challenges and threats, including the use of the darknet and cryptocurrencies, new psychoactive substances, and the diversion of precursors and essential chemicals. Information-sharing to address trafficking in amphetamine-type stimulants was highlighted as an example of effective coordination between Member States' law enforcement agencies. It was also mentioned that enhanced cooperation could accelerate international control of synthetic opioids.

# Chapter VIII

## Recommendations of the subsidiary bodies of the Commission

167. At its 10th meeting, on 16 March 2018, the Commission considered agenda item 9, entitled "Recommendations of the subsidiary bodies of the Commission".

168. For its consideration of item 9, the Commission had before it the report of the Secretariat on action taken by the subsidiary bodies of the Commission (E/CN.7/2018/9).

169. An introductory statement was made by a representative of the Implementation Support Section of the Organized Crime and Illicit Trafficking Branch of UNODC.

170. Statements were made by the representatives of Thailand and the United States.

171. The observers for Egypt and the United Republic of Tanzania also made statements.

### Deliberations

172. The observer for Egypt reported on the outcome of the Twenty-seventh Meeting of Heads of National Drug Law Enforcement Agencies, Africa, hosted by the Government of Egypt in September 2017. It was noted that the meetings of Heads of National Drug Law Enforcement Agencies provided a very good platform for strengthening international cooperation frameworks and discussing recommendations for future action, including in the light of the follow-up to the thirtieth special session of the General Assembly. The meeting participants had highlighted the continued threat posed by cannabis to the African region, as well as the growing abuse of and trafficking in heroin, cocaine and "captagon". In addition, the meeting participants had made reference to the growing threat of the abuse of prescription drugs in the region and had identified as major challenges the abuse of and trafficking in khat and the increase in the smuggling of cocaine from Latin America transiting through Africa.

173. The observer for the United Republic of Tanzania announced that her Government would host the Twenty-eighth Meeting of Heads of National Drug Law Enforcement Agencies, Africa. The Government was looking forward to working closely with UNODC and Member States with a view to ensuring a successful outcome of the meeting.

174. Referring to the Forty-first Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, it was noted that the meetings of Heads of National Drug Law Enforcement Agencies served as a significant regional platform for countering the complex network of transnational drug syndicates and the abuse of illicit drugs, in particular in view of the ever-changing methods and tools utilized by transnational criminal organizations to avoid detection and prosecution. Among those changing methods and tools, the Meeting had highlighted the increase in the number of women becoming involved in drug-related crimes, including as drug couriers, as well as the advanced technology used by drug syndicates. Furthermore, it was reported that the Meeting had underscored the need to build a stronger network among Member States to dismantle drug syndicate networks and prevent illicit activities.

175. Another speaker expressed support for the work of the subsidiary bodies of the Commission and expressed appreciation for the reports and recommendations emanating from the meetings, which provided guidance based on regional perspectives, including with a view to effectively implementing the operational recommendations set out in the outcome document of the thirtieth special session of the General Assembly. With regard to the growing use of the Internet for drug-related activities, the speaker proposed that Member States should consider the creation of special units to counter the use of the darknet and virtual currencies for illicit

purposes. The speaker also highlighted other challenges related to money-laundering, precursors and new psychoactive substances. Greater interregional cooperation and coordination were to be sought by the subsidiary bodies, including through the networks of the International Criminal Police Organization (INTERPOL), WCO and UNODC, with a view to tackling new global challenges such as the opioid crisis.

# Chapter IX

## Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution 68/1, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development

176. At its 10th meeting, on 16 March 2018, the Commission considered agenda item 10, entitled "Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution 68/1, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development".

177. An introductory statement was made by the Director of the Division for Policy Analysis and Public Affairs of UNODC.

178. Statements were made by the representatives of Thailand, Switzerland and the United States.

### Deliberations

179. Some speakers recalled that in the outcome document of the thirtieth special session of the General Assembly, Member States welcomed the 2030 Agenda for Sustainable Development, and noted that efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem were complementary and mutually reinforcing.

180. Speakers welcomed the substantive contributions made by the Commission to the high-level political forum on sustainable development, touching upon a number of the Sustainable Development Goals and related targets. In addition, speakers emphasized the important role of the functional commissions of the Economic and Social Council in the review process, and encouraged the Commission, as the main policymaking body in the United Nations system dealing with drug-related matters, to continue working closely with all relevant partners, including United Nations entities and the functional commissions of the Economic and Social Council. Regarding the theme of the high-level political forum on sustainable development for 2018, reference was made to the importance of prevention and treatment related to the use of psychoactive substances and improving the collection of data for drug statistics.

181. It was also mentioned that efforts to address the world drug problem cut across several of the Sustainable Development Goals. The rule of law, good governance and security were considered essential to solving the problem of illicit crop cultivation. The relevance of sustainable alternative development and its linkages to Goal 15 of the Sustainable Development Goals, which was under review in 2018, was highlighted, as was the essential role of the United Nations Guiding Principles on Alternative Development in that regard.

# Chapter X

## Preparations for the ministerial segment to be held during the sixty-second session of the Commission, in 2019

182. At its 10th and 11th meetings, on 16 March 2018, the Commission considered agenda item 11, entitled "Preparations for the ministerial segment to be held during the sixty-second session of the Commission, in 2019".

183. A statement was made by the observer for Bulgaria on behalf of the European Union and its member States and Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Liechtenstein, Montenegro, the Republic of Moldova, San Marino, Serbia, the Former Yugoslav Republic of Macedonia, Turkey and Ukraine.

184. Statements were also made by the representatives of Iraq, Thailand, the United States, South Africa and China.

185. The observer for Singapore also made a statement.

### A. Deliberations

186. A number of speakers highlighted the leading role of the Commission and further reaffirmed the role of UNODC as the leading entity within the United Nations system for addressing and countering the world drug problem.

187. A number of speakers underscored that the outcome document of the thirtieth special session of the General Assembly, representing the most recent international consensus on the world drug problem, was a milestone and important step forward in international drug policy, and was also key to the preparations for 2019 and beyond, and in line with the goals and targets for the 2030 Agenda for Sustainable Development. It was noted that the outcome document incorporated all major elements reflected in the 2009 Political Declaration and Plan of Action and should be the focus of debate in 2019.

188. The importance of civil society's engagement in the process leading up to 2019 and its meaningful participation in the ministerial segment of the sixty-second session of the Commission was underlined.

189. A speaker underlined that the ministerial segment of the sixty-second session, to be held in 2019, was an opportunity to explore innovative and immediate opportunities to address the most pressing drug policy challenges, using the operational recommendations set out in the outcome document to identify methodologies for those challenges.

190. With regard to strengthening the collection of reliable data beyond 2019, reference was made to the ongoing efforts to improve the quality and effectiveness of the annual report questionnaire, which, it was hoped, would lead to an updated questionnaire that enabled reporting on new aspects of drug policy introduced in the outcome document.

191. Other speakers underlined that while progress had been made in the implementation of the 2009 Political Declaration and Plan of Action, many countries continued to be confronted with multiple challenges in addressing and countering the world drug problem. In that regard, it was underlined that the ministerial segment of the sixty-second session should focus on a review of the implementation of the commitments made under the three pillars of the 2009 Political Declaration and Plan of Action, identifying gaps and challenges in its implementation.

192. Furthermore, it was stated that the ministerial segment should reaffirm the commitment of Member States to the three international drug control conventions as the cornerstone of international drug policy, taking into account the priorities for

action identified in the 2009 Political Declaration and Plan of Action and the 2014 Joint Ministerial Statement and the operational recommendations contained in the outcome document of the thirtieth special session of the General Assembly, and should also reaffirm the leading role of the Commission as the policymaking body of the United Nations with prime responsibility for drug-related matters. The importance of recognizing that the 2009 Political Declaration and Plan of Action, the 2014 Joint Ministerial Statement and the outcome document were complementary and mutually reinforcing was also reiterated.

## B. Action taken by the Commission

193. At its 12th meeting, on 16 March 2018, the Commission adopted a revised draft resolution (E/CN.7/2018/L.3/Rev.1), as amended, submitted by the Chair on behalf of the Commission. (For the text, see chap. I, sect. B, resolution 61/10.) Following the adoption of the revised draft resolution, as amended, statements were made by the representatives of the Russian Federation, South Africa, Egypt, the Islamic Republic of Iran, Bulgaria, Peru, Pakistan, Viet Nam, Argentina, China, Brazil, Nigeria, Uruguay, Cuba and Ecuador.

194. In addition, the representative of the Russian Federation made a statement on behalf of Algeria, Belarus, China, Cuba, Egypt, Iran (Islamic Republic of), Namibia, Pakistan, the Russian Federation, South Africa and Viet Nam explaining those States' position on the draft resolution. She recalled that, at its fifty-second session, in March 2009, the Commission had adopted the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. Through that Political Declaration and Plan of Action, Member States had collectively agreed to establish 2019 as the target date for States to eliminate or reduce significantly and measurably the following: the illicit cultivation of opium poppy, coca bush and cannabis plant; the illicit demand for narcotic drugs and psychotropic substances, and drug-related health and social risks; the illicit production, manufacture, marketing and distribution of, and trafficking in, psychotropic substances, including synthetic drugs; the diversion of and illicit trafficking in precursors; and money-laundering related to illicit drugs. At the high-level review held during the fifty-seventh session of the Commission, in 2014, Member States had once again reaffirmed their commitment to enhancing international cooperation to implement the goals and objectives contained in the 2009 Political Declaration and Plan of Action. In order to enhance the implementation of the 2009 Political Declaration and Plan of Action, Member States had convened the thirtieth special session of the General Assembly on the world drug problem in April 2016 to review the progress in the implementation of the Political Declaration and Plan of Action, including an assessment of the achievements and challenges in countering the world drug problem, within the framework of the three international drug control conventions and other relevant United Nations instruments. Through the outcome document emanating from the thirtieth special session, Member States had collectively agreed on operational recommendations to further implement the goals and objectives enshrined in the three international drug control conventions and in the 2009 Political Declaration and Plan of Action and the 2014 Joint Ministerial Statement of the Commission. It was further recalled that, in 2017, the Commission, at its sixtieth session, had adopted resolution 60/1, in which it had decided to convene a ministerial segment during its sixty-second session, in 2019, to take stock of the implementation of the commitments made to jointly address and counter the world drug problem, in particular in the light of the 2019 target date. On the basis of that decision, efforts had been made, including during the sixtieth session of the Commission, under the chairpersonship of Ms. Angell-Hansen (Norway) to work out organizational arrangements for the ministerial segment to be held in 2019. It was further recalled that during the course of the negotiations on E/CN.7/2018/L.3, several proposals had been presented by the Chair, including the draft text proposed by the Chair following informal negotiations, dated 9 March 2018, which had captured

various views expressed during the negotiations and remained the basis for further negotiations. The representative of the Russian Federation underscored that the work of the Commission should be guided by the spirit of consensus that had prevailed throughout the past years and pointed out that there had been no deliberations on the current draft text of the draft resolution (E/CN.7/2018/L.3/Rev.1). In the spirit of compromise, however, the countries making the present statement could agree with the Chair's proposed draft text of 9 March, or with the current draft text, provided that operative paragraphs 1 (c) and (d) were deleted and operative paragraph 4 was reformulated as follows: "Resolves to continue preparations for the ministerial segment to be held during its sixty-second session during the intersessional period, including through informal consultations, and to decide on the modalities of the ministerial segment at its sixty-first reconvened session". Taking into account the reservations to the draft text made by the group of countries making the statement, those countries wished to revisit all pending issues related to preparations for the ministerial segment during the intersessional process of the Commission.

195. The representative of South Africa regretted that a bad precedent could be set by escalating Member States' disagreement and differences into a "take it or leave it" approach, and emphasized the importance of always concluding the work of the Commission on a consensual basis.

196. The observer for Egypt expressed disappointment over the fact that the discussion had not been able to reach a result that was satisfactory to all, and reserved the right to further discuss the modalities for the ministerial segment of the sixty-second session of the Commission during the intersessional period.

197. The representative of the Islamic Republic of Iran expressed regret that the Chair's proposed draft text of 9 March 2018 had not enjoyed consensus, as it had provided a good basis for further discussion and remained the basis for further negotiations. He was disappointed that the concerns of his country had not been taken into account, but looked forward to continuing work during the intersessional period to formulate mutually acceptable modalities for the ministerial segment, the success of which was of utmost importance to all.

198. The observer for Bulgaria made a statement on behalf of the States Members of the United Nations that are members of the European Union and Australia, Bosnia and Herzegovina, Canada, Colombia, the Dominican Republic, Guatemala, Norway, Panama, Serbia, Switzerland, the United States and Uruguay indicating that Commission resolution 60/1 remained the foundation for going forward in the preparations for 2019. A more substantial resolution at the current stage would have offered the opportunity to reaffirm commitments such as those related to the participation of civil society, the Sustainable Development Goals, enhancing inter-agency cooperation and strengthening the annual report questionnaire. The observer for Bulgaria also reiterated the resolve to implement the operational recommendations contained in the outcome document of the thirtieth special session of the General Assembly.

199. The representative of Peru recognized that the process of negotiations on the resolution had faced many challenges, which, in spite of the great efforts made, had made it difficult to achieve a result that was satisfactory to all delegations. The draft resolution on preparations for the ministerial segment to be held during the sixty-second session of the Commission, in 2019, represented the minimum necessary agreement on how to proceed with the work of the Commission during 2018. It was understood that some issues remained pending and would need to be tackled in the coming weeks and months. It was hoped that, under the leadership of the Chair, solutions would be found for the Commission to conduct a successful review of the progress made in achieving the goals and targets of the 2009 Political Declaration and Plan of Action.

200. The representative of Pakistan indicated that his country attached great importance to the ministerial segment to be held in 2019, as it represented an opportunity to assess the progress made in reaching the targets set in operative

paragraph 36 of the 2009 Political Declaration and Plan of Action. The current draft resolution (E/CN.7/2018/L.3/Rev.1) provided clarity neither on the scope of the ministerial segment nor on what would need to be reviewed in 2019. It was hoped that through further intersessional work, the Commission would be able to bring more clarity in that respect, before 2019.

201. The observer for Viet Nam regretted that a text that involved the implementation by and cooperation of all Member States had been introduced without the consensual support of all Member States. It was unfortunate that the proposed text reflected neither the interest of Member States nor the constructive efforts that many Member States had made to reach consensus. Many revised drafts and many amendments had been introduced, but there had been no opportunity for them to be taken up for consideration. The observer also reiterated the importance of the ministerial segment to be held in 2019 which had been set as the target date to review the 2009 Political Declaration and Plan of Action and enhance efforts to achieve the goals set out in it. The observer for Viet Nam also stated that the resolution concerning preparations for the ministerial segment should not go beyond the scope of its mandate. To ensure the effective cooperation and participation of Member States in that process, the observer for Viet Nam suggested that the modalities for the ministerial segment in 2019 should be discussed during the intersessional meetings of the sixty-first session of the Commission.

202. The representative of Argentina expressed her satisfaction with the draft resolution, which represented a middle ground between the different positions.

203. The representative of China noted that a few months earlier there had been a workplan, produced after many rounds of negotiation by Member States, that contained elements acceptable to almost all parties. That delegation regretted that it had subsequently been decided to draft a new workplan, which had lost some of those elements, and that many delegations in the plenary did not seem to be satisfied with the new workplan. The representative considered that the earlier workplan could be the basis for further work in preparation for the ministerial segment in 2019.

204. The representative of Brazil expressed appreciation for the relentless efforts the Chair had made in bringing together the different points of view and seeking consensus. Addressing the world drug problem was a central challenge to all Member States, and only by working together would they be able to find solutions that would enable the achievement of concrete and meaningful results. The negotiation process during the thirtieth special session of the General Assembly had been extremely complex, but it had enabled Member States to find a common ground for implementing a set of balanced and solid commitments to addressing the world drug problem. Brazil looked forward to continuing work during the intersessional period, on the basis of the draft resolution the Commission was to adopt at its current session as well as resolution 60/1. The representative also wished to express the commitment of Brazil to continuing its efforts to build the urgent and necessary bridges that could narrow differences and allow Member States to concentrate their efforts on a single and clear path towards 2019 and beyond.

205. The observer for Nigeria regretted that the proposals his country had made had not been taken on board in the draft resolution. He shared the view that the draft text of the resolution dated 9 March 2018 constituted a basis for further negotiations during the intersessional period. He also stated that the 2009 Political Declaration and Plan of Action and its target date were of great importance to his delegation and many others, and he considered it imperative to have clear guidance on the ministerial segment in 2019, in particular with regard to the stocktaking process.

206. The representative of Uruguay noted the fact that, throughout the negotiations on the resolution and in spite of the great efforts made by the Chair, there had been no agreement among Member States on how to prepare for 2019. He hoped that consensus could still be reached in the future.

207. The representative of Cuba expressed his country's wish to continue negotiating the modalities for the ministerial segment of the sixty-second session of the Commission, as well as the process beyond 2019, during the intersessional period, including through another process of informal consultations. He also recognized the efforts of the representative of Mexico and her team during the sixty-first session of the Commission and expressed his support for the spirit of consensus that had prevailed in Vienna over the previous years.

208. The representative of Ecuador indicated that the draft resolution represented a delicate balance and dealt with procedural issues, which was the main aim of the document. He also praised the leadership of the Chair and acknowledged her dedicated efforts.

# Chapter XI

## Provisional agenda for the sixty-second session of the Commission

209. At its 11th meeting, on 16 March 2018, the Commission considered agenda item 12, entitled "Provisional agenda for the sixty-second session of the Commission". For its consideration of item 12, the Commission had before it a draft decision entitled "Report of the Commission on Narcotic Drugs on its sixty-first session and provisional agenda for its sixty-second session" (E/CN.7/2018/L.12).

210. A statement was made by the representative of the United States.

### A. Deliberations

211. It was proposed that the Commission, at its sixty-second session, could focus on identifying innovative approaches to emergency drug control issues, including the rapid proliferation of synthetic drugs, in particular synthetic opioids.

### B. Action taken by the Commission

212. At its 11th meeting, on 16 March 2018, the Commission approved for adoption by the Economic and Social Council the draft decision containing the draft provisional agenda for the sixty-second session of the Commission (E/CN.7/2018/L.12). (For the text, see chap. I, sect. A, draft decision I.)

# Chapter XII

## Other business

213. At its 11th meeting, on 16 March 2018, the Commission considered agenda item 13, entitled "Other business". No issues were raised under the agenda item.

# Chapter XIII

## Adoption of the report of the Commission on its sixty-first session

214. At its 11th meeting, on 16 March 2018, the Commission considered agenda item 14, entitled "Adoption of the report of the Commission on its sixty-first session". The Rapporteur introduced the draft report.[65]

215. At the same meeting, the Commission adopted the report on its sixty-first session.

[65] E/CN.7/2018/L.1 and E/CN.7/2018/L.1/Add.1, E/CN.7/2018/L.1/Add.2, E/CN.7/2018/L.1/Add.3 and E/CN.7/2018/L.1/Add.4

# Chapter XIV

## Organization of the session and administrative matters

### A. Opening and duration of the session

216. The Commission on Narcotic Drugs held its sixty-first session in Vienna from 12 to 16 March 2018. The Chair of the Commission opened the session.

217. At the 1st meeting, on 12 March 2018, the Commission viewed a video message from the Secretary-General of the United Nations. The Executive Director of UNODC made an opening statement. A statement was made by the President of INCB. The Commission also viewed a video message from the Director-General of WHO.

218. Opening statements were made by the representative of Ecuador (on behalf of the Group of 77 and China), the observer for Egypt (on behalf of the Group of African States), the observer for Bangladesh (on behalf of the Group of Asia-Pacific States), the observer for the Plurinational State of Bolivia (on behalf of the Group of Latin American and Caribbean States) and the observer for Bulgaria (on behalf of the States Members of the United Nations that are members of the European Union, as well as Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Liechtenstein, Montenegro, the Republic of Moldova, Serbia, the former Yugoslav Republic of Macedonia, San Marino and Ukraine).

219. The Commission held a total of 12 plenary meetings, including 8 meetings of the Committee of the Whole.

### B. Attendance

220. The session was attended by representatives of 50 States members of the Commission (3 were not represented). Also attending were observers for 77 other States Members of the United Nations, as well as non-member States, representatives of organizations of the United Nations system and observers for intergovernmental, non-governmental and other organizations. A list of participants is contained in document E/CN.7/2018/INF/2/Rev.2.

### C. Election of officers

221. In section I of its resolution 1999/30, the Economic and Social Council decided that, with effect from the year 2000, the Commission on Narcotic Drugs should, at the end of each session, elect its Bureau for the subsequent session and should encourage it to play an active role in the preparations for the regular as well as the intersessional meetings of the Commission, so as to enable the Commission to provide continuous and effective policy guidance to the drug programme of UNODC.

222. In accordance with that resolution and rule 15 of the rules of procedure of the functional commissions of the Council, the Commission, at the end of its reconvened sixtieth session, on 8 December 2017, opened its sixty-first session for the sole purpose of electing its Bureau for that session. At that meeting, the Commission elected the Chair, the First Vice-Chair, the Second Vice-Chair and the Rapporteur.

223. On 15 December 2017, the Group of Eastern European States nominated Alena Kupchyna of Belarus for the office of Third Vice-Chair. At its 1st meeting, on 12 March 2018, the Commission elected its Third Vice-Chair.

224. In view of the rotation of offices based on regional distribution, the officers of the Commission at its sixty-first session and their respective regional groups were as follows:

| *Office* | *Regional group* | *Officer* |
|---|---|---|
| Chair | Latin American and Caribbean States | Alicia Buenrostro Massieu (Mexico) |
| First Vice-Chair | African States | Michael Adipo Okoth Oyugi (Kenya) |
| Second Vice-Chair | Asia-Pacific States | Ayesha Riaz (Pakistan) |
| Third Vice-Chair | Eastern European States | Alena Kupchyna (Belarus) |
| Rapporteur | Western European and other States | Wietze Sijtsma (Netherlands) |

225. In accordance with Economic and Social Council resolution 1991/39 and established practice, a group composed of the Chairs of the five regional groups, the Chair of the Group of 77 and China and the representative of or observer for the State holding the Presidency of the European Union assists the Chair of the Commission in dealing with organizational matters. That group, together with the officers, constitutes the extended Bureau foreseen in Council resolution 1991/39.

226. During the sixty-first session of the Commission, the extended Bureau met on 13 and 15 March 2018 to consider matters related to the organization of work.

## D. Adoption of the agenda and other organizational matters

227. At its 1st meeting, on 12 March 2018, the Commission adopted by consensus its provisional agenda and organization of work (E/CN.7/2018/1), pursuant to Economic and Social Council decision 2017/242. The agenda was as follows:

1. Election of officers.
2. Adoption of the agenda and other organizational matters.
3. General debate.

*Operational segment*

4. Strategic management, budgetary and administrative questions:
   (a) Work of the standing open-ended intergovernmental working group on improving the governance and financial situation of the United Nations Office on Drugs and Crime;
   (b) Directives on policy and budgetary issues for the drug programme of the United Nations Office on Drugs and Crime;
   (c) Working methods of the Commission;
   (d) Staff composition of the United Nations Office on Drugs and Crime and other related matters.

*Normative segment*

5. Implementation of the international drug control treaties:
   (a) Changes in the scope of control of substances;
   (b) Challenges and future work of the Commission on Narcotic Drugs and the World Health Organization in the review of substances for possible scheduling recommendations;
   (c) International Narcotics Control Board;

(d) International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion;

(e) Other matters arising from the international drug control treaties.

6. Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem:

(a) Demand reduction and related measures;

(b) Supply reduction and related measures;

(c) Countering money-laundering and promoting judicial cooperation to enhance international cooperation.

7. Follow-up to the special session of the General Assembly on the world drug problem held in 2016, including the seven thematic areas of the outcome document of the special session.

8. Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem.

9. Recommendations of the subsidiary bodies of the Commission.

10. Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution 68/1, including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development.

*Preparations for the ministerial segment*

11. Preparations for the ministerial segment to be held during the sixty-second session of the Commission, in 2019.

***

12. Provisional agenda for the sixty-second session of the Commission.

13. Other business.

14. Adoption of the report of the Commission on its sixty-first session.

## E. Documentation

228. The documents before the Commission at its sixty-first session are listed in E/CN.7/2018/CRP.10.

## F. Closure of the session

229. At its 12th meeting, on 16 March 2018, a closing statement was made by the Executive Director of UNODC. The Chair of the Commission made closing remarks.